

REDACTED

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

THUONG VU NGUYEN, M.D.  
Certificate No. A-32991

Respondent.

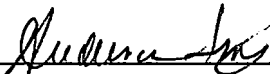
No. 03-93-26977

DECISION

The attached Proposed Decision of the Administrative Law Judge after remand is hereby adopted by the Division of Medical Quality as its Decision in the above-entitled matter.

This Decision shall become effective on August 8, 1997.

IT IS OR ORDERED July 9, 1997.

By:   
ANABEL ANDERSON IMBERT, M.D.  
President  
Division of Medical Quality

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation	)	
Against:	)	
	)	No. 03-93-26977
THUONG VU NGUYEN, M.D.	)	
602 East Santa Clara Street	)	OAH No. N 9604199
San Jose, California 95112	)	
Physician and Surgeon	)	
Certificate No. A32991	)	
	)	
Respondent.	)	
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PROPOSED DECISION

On June 10, 1997, in Oakland, California, Ruth S. Astle, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter.

David M. Carr, Deputy Attorney General, represented the complainant.

Marsha O. Kaplan, Attorney at Law, Kaplan and Kaplan, 20745 Sevilla Lane, Saratoga, California 95070, represented respondent who was not present.

Evidence was received, the record was closed and the matter was submitted.

FINDINGS OF FACT

I

On May 22, 1997 the Petition for Reconsideration brought by Ron Joseph, Executive Director of the Medical Board of California in his official capacity and not otherwise was granted. The decision of April 17, 1997 was vacated and the matter was remanded to the Administrative Law Judge for the taking of additional evidence and argument exclusively on the issue of the award of attorney costs in accord with Findings of Fact XLII of the Proposed Decision dated March 25, 1997.

## II

The underlying justification was presented showing that the cost of the attorney time in this matter was reasonable. Considering the length of the hearing, the amount and complexity of the evidence and the complexity of the issues in this matter, complainant's request for \$62,044.00 is reasonable.

## III

However, the supporting material was requested much earlier and in a timely manner. The complainant refused to produce the documentation. Respondent had to expend additional time and money to examine the supporting documentation. Therefore, an offset of \$1,500 will be granted to compensate respondent for the additional attorney expense in pursuing the matter of reasonable attorney costs.

## IV

Respondent must pay \$60,544.00 in reasonable cost of attorney time in addition to the amount of \$5,383.50 previously granted for investigative services and expert review.

## V

All other Findings, Determinations and Orders remain the same.

## DETERMINATION OF ISSUES

The matters set forth in Findings II, III, and IV have been considered in ordering the recovery of costs in this matter pursuant to Business and Professions Code section 123.5.

## ORDER

The respondent is ordered to pay \$5,383.50 in reasonable costs of investigation and \$60,544.00 in reasonable attorney costs to the Board.

DATED: June 20, 1997

Ruth S. Astle

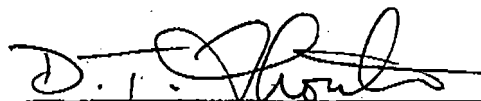
RUTH S. ASTLE  
Administrative Law Judge  
Office of Administrative Hearings

**BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation	)	
Against:	)	
	)	No. 03-93-26977
<b>THUONG VU NGUYEN, M.D.</b>	)	OAH No. N9604199
Certificate No. A-32991	)	
	)	<b>ORDER GRANTING</b>
602 East Santa Clara Street, Suite 130	)	<b>RECONSIDERATION AND</b>
San Jose, CA 95112	)	<b>ORDER OF REMAND TO</b>
	)	<b>ADMINISTRATIVE LAW</b>
Respondent	)	<b>JUDGE</b>
_____	)	

The Petition for Reconsideration pursuant to Government Code Section 11521 brought by Ron Joseph, Executive Director of the Medical Board of California, is hereby granted, and in accordance with Government Code Section 11517(c), the panel's decision of April 17, 1997 is hereby vacated and this matter is remanded to the Administrative Law Judge for the taking of additional evidence and/or argument as soon as practicable directed exclusively to the issue of the award of attorney costs under Business and Professions Code Section 125.3, in accord with Finding of Fact XLII of the Decision.

IT IS SO ORDERED this 22 day of May, 1997.

 FOR  
**ANABEL ANDERSON IMBERT, M.D.  
PRESIDENT  
DIVISION OF MEDICAL QUALITY**

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation )  
Against: )  
 )  
THUONG VU NGUYEN, M.D. )  
License No. A-32991 )  
 )  
\_\_\_\_\_  
Respondent )

No. 03-93-26977

ORDER GRANTING STAY ORDER

The Complainant in this matter has filed a request for a stay of execution of the Decision with an effective date of May 19, 1997.

Execution is stayed until May 29, 1997.

This stay is granted solely for the purpose to allow time for Panel B of the Division of Medical Quality to review and act on a Petition for Reconsideration.

Dated: May 15, 1997

By *Pamela L. Mosher*  
PAMELA L. MOSHER  
Enforcement Program

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation	)	
Against:	)	No. 03-93-26977
	)	
THUONG VU NGUYEN, M.D.	)	OAH No. N 9604199
602 East Santa Clara Street	)	
San Jose, California 95112	)	
Physician and Surgeon License	)	
No. A32991	)	
	)	
Respondent.	)	
	)	

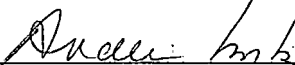
DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on May 19, 1997.

IT IS SO ORDERED. 17,

DATE: April 17, 1997

  
ANABEL ANDERSON IMBERT, M.D.  
President  
Division Medical Quality

OAH 15

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation	)	
Against:	)	No. 03-93-26977
	)	
THUONG VU NGUYEN, M.D.	)	OAH No. N 9604199
602 East Santa Clara Street	)	
San Jose, California 95112	)	
Physician and Surgeon License	)	
No. A32991	)	
	)	
Respondent.	)	
	)	

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PROPOSED DECISION

On November 18, 19, 20, 21, 25, 26, December 5, 10, 11, 18, 19, 20, 1996, January 6, 7, 8 and February 26, 1997, in San Jose, San Diego<sup>1</sup> and Oakland, California, Ruth S. Astle, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter.

David M. Carr, Deputy Attorney General, represented complainant.

Marsha O. Kaplan and Henry P. Kaplan, Attorneys at Law, Kaplan and Kaplan, 20745 Sevilla Lane, Saratoga, California 95070, represented respondent who was present.

Evidence was received, the record was closed and the matter was submitted.

FINDINGS OF FACT

I

Ron Joseph made the accusation in his official capacity as Executive Director of the Medical Board of California (Board) and not otherwise.

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<sup>1</sup> The hearing was held in San Diego on December 5, 1996.

## II

Thuong Vu Nguyen, M.D. (respondent) has held physician and surgeon certificate No. A 32991, issued to him by the Board on October 4, 1978 and is in good standing with an expiration date of August 31, 1998. Respondent is not authorized to supervise physician's assistants. No prior disciplinary action has been taken against respondent's California physician and surgeon certificate.

## III

Respondent is the sole physician treating patients at the medical office located at 602 E. Santa Clara Street, No. 130, San Jose, California.

## IV

"Vin V. T." (T.) also known as SAD002 is the fictitious name assumed by an individual employed in an investigative capacity by the California Department of Justice, Bureau of MediCal Fraud (Bureau). On January 19, 1993, Tran was directed by Bureau investigators to appear at respondent's medical office at 602 E. Santa Clara Street, Suite 130, San Jose, California, and register as MediCal beneficiary and new patient Vin V. T.

## V

At respondent's office, T.'s weight and height were measured and a urine specimen collected before respondent saw T. T. was requested to have a blood sample taken, but declined. T. gave a brief family history when asked by respondent. He told respondent that he was unemployed and had recently moved to the area. He had left his family in Southern California. He complained of insomnia and fatigue only as instructed by the investigators. T. denied having stomach problems, headache or back pain. Respondent looked into T.'s ears, eyes and mouth with a light and listened to T.'s chest and back with a stethoscope. The history and examination took about 15 minutes of face-to-face contact.

## VI

T. was taken by one of the office staff to another room where he underwent an electrocardiogram. Respondent billed MediCal for a complete electrocardiogram and interpretation for this date of service. Respondent returned to inform T. that T.'s heartbeat was weak and that he was to see respondent again in two weeks. Respondent handed T. a prescription for six medications: Amoxil, Antivert, Buspar, Creon, Klonopin (a Schedule IV controlled substance), and Maalox Plus.



## VII

A second staff person made an appointment for T to see respondent again on February 2, 1993. T received a business card from La Rosa Pharmacy and was given directions to that pharmacy. At the time of this incident La Rosa Pharmacy was owned by Cham-Doan Duong, respondent's spouse. At one time, respondent's name was on the fictitious business name certificate filed by his wife. She removed his name after this incident was brought to his attention. It was not established that respondent had a direct financial interest in the pharmacy; however, respondent clearly has an indirect interest in the monetary success of his wife's business. Respondent and his wife entered into a separate property agreement in Vietnam. It is unclear what effect that agreement has on their property rights here in California; however, respondent admitted that his wife's money pays for a portion of their living expenses. La Rosa Pharmacy is located about three and a half blocks from respondent's office. There was, at the time of the incident, several other pharmacies closer to respondent's office. There was even a Vietnamese owned pharmacy in the same building complex.

## VIII

Respondent, a Medical provider, billed and was paid by Medical for medical services respondent claimed were provided to Vin V T on January 19, 1993: an electrocardiogram with interpretation and a "new Patient, level 4 examination"--CPT code 99204 which is for an office visit for the evaluation and management of a new patient which includes a comprehensive history, a comprehensive examination and medical decision making of moderate complexity. This usually involves problems of moderate to high severity and physicians typically spend 45 minutes face to face with the patient or the family. While the time is not meant to be determinative, it is given to guide the physician in deciding which CPT code to use. Respondent diagnosed T on the claim for payment as dizziness and respiratory abnormalities. La Rosa Pharmacy also billed the Medical program for the medications prescribed by respondent for T and filled at La Rosa Pharmacy on January 19, 1993.

## IX

T kept the February 2, 1993 appointment. Respondent took T's blood pressure and listened to his chest with a stethoscope. T expressed concern about respondent's comment on the previous visit concerning T's weak heartbeat. Respondent assured T it was not a heart condition and counseled T to stop smoking. Respondent told T he looked much better than he had on the last visit and attributed this improvement on the medications that respondent had prescribed.

X

Respondent told T to make another appointment for two weeks and handed T a prescription for six medications: Buspar, Dalmane (a Schedule IV controlled substance), Maalox Plus, Pancrease, Totacillin and Tylenol. T made the appointment for February 16, 1993. He was given another business card for La Rosa Pharmacy by a member of the office staff and was told to have the prescription filled at that pharmacy.

XI

Respondent billed and was paid by the MediCal program for medical services respondent claimed he provided on February 2, 1993 to patient Vin V T: an "established patient examination," CPT code 99213 which is defined as an office visit for the evaluation and management of an established patient which requires two of three of the following: an expanded problem focused history, an expanded problem focused examination and/or medical decision making of low complexity, usually presenting a problem or problems of low to moderate severity. Physicians usually spend 15 minutes face to face with the patient and/or their family. The diagnosis listed on the MediCal claim form was headache. La Rosa Pharmacy also billed for the medications prescribed by respondent for T and filled at La Rosa Pharmacy on February 2, 1993.

XII

T appeared for the scheduled February 16, 1993 appointment but was not allowed to see respondent because T was unable to provide a picture identification or phone number. On March 15, 1993, T returned to respondent's medical office with identification bearing his photograph and the name Vin V T. T informed respondent that he was feeling better and had quit smoking. Respondent took T's blood pressure, listened to his chest with a stethoscope, told him to return in one month and gave him a prescription for six medications: Amoxil, Buspar, Creon, Calcium Gluconate, Dalmane (a Schedule IV Controlled substance) and Tylenol.

XIII

When scheduling his next appointment with an office assistant, T was asked if he knew where to have the prescription filled. Tran inquired if he could get his prescription filled at the pharmacy in the same building complex. He was informed that he should not go to the other pharmacy because they would not fill T's prescription and that he should go to La Rosa Pharmacy. He was given another business card for La Rosa Pharmacy.

#### XIV

Respondent billed and was paid by MediCal for medical services respondent claimed he provided to Vin V. T. on March 15, 1993. Respondent charged for an established patient examination, CPT code 99213. The diagnosis listed on the MediCal claim form was phobic disorder. La Rosa Pharmacy also billed the MediCal program for the medications prescribed by respondent for T. and filled at La Rosa Pharmacy on March 15, 1993.

#### XV

Respondent committed acts involving dishonesty and corruption which are substantially related to the qualifications, functions and duties of a physician and surgeon in his billing practices with regard to Vin V. T. Respondent's care of Vin V. T. was negligent in that his medical records reflected the same pattern and practice of prescribing medications without medical justification. Respondent engaged in excessive prescribing and illegal referral as well.

#### XVI

On July 5, 1994, medical records for 21 patients were obtained from respondent. While these records were not technically a random sample, they were a fair representation of the records. The individual records were reviewed by a medical consultant of the Division of Medical Quality of the Medical Board of California and independently by two California physicians familiar with the standard of practice required of family practitioners in the state. Among respondent's patient charts reviewed were those of patients Chau N., Luoi T., Xinh T., Nu N., and Ton N.

#### XVII

Patient Chau N., a MediCal beneficiary, was first seen by respondent on August 29, 1991 when this woman was 60 years old. Respondent billed the MediCal program for a complete electrocardiogram and the drawing of a blood sample for lab work on this first visit. A lab report dated August 30, 1991 from Duz-Mor Laboratories in Los Angeles is filed in the patient's chart. According to respondent's chart entries, respondent prescribed six medications for this patient on that date, including Klonopin (a Schedule IV controlled substance). Respondent submitted a claim for payment to the MediCal program for this visit and for 15 additional claimed office visits between August 29, 1991 and February 26, 1993; respondent prescribed medications for patient Chau N. at every one of the 16 office visits for which respondent billed MediCal. A full list of the medications by date of prescription is attached as Appendix A to the accusation.

### XVIII

Respondent prescribed medications for conditions that were not documented in Chau N.'s chart. Some of the prescribed medications were intended to treat symptoms which had not been adequately evaluated or documented. Some of the particular combinations of medications respondent prescribed for patient Chau N. held a significant potential for side effects and drug interactions. Respondent's actions in treating Chau N. were part of his pattern and practice of repeated negligent acts. It also involved dishonesty and corruption substantially related to the duties, qualifications and functions of a physician and surgeon. Respondent engaged in excessive prescribing and illegal referrals.

### XIX

Patient Luoi T., a MediCal beneficiary, was first seen by respondent on September 28, 1991. Respondent billed MediCal for a complete electrocardiogram and a blood draw on this first visit. The patient chart contains a laboratory report dated September 30, 1991 from Duz-Mor Laboratories of Los Angeles. Testing of the patient's blood taken on this visit revealed the presence of Hepatitis B antigen. There was no indication of this fact noted in respondent's records for follow-up, despite mandatory reporting of Hepatitis B in Santa Clara County. According to respondent's chart entries, respondent prescribed six medications on this date for Luoi T., including Klonopin (a Schedule IV controlled substance). Respondent prescribed medications for patient Luoi T. at every one of the 43 office visits for which respondent billed MediCal between September 29, 1991 and May 3, 1995. (A full list of the medications prescribed is attached in Appendix A to the accusation.)

### XX

Respondent prescribed medications for conditions which were not properly documented in the patient's chart. These medications were intended to treat symptoms which had not been adequately evaluated or documented. Some of the combinations of medications respondent prescribed held a significant potential for side effects and drug interactions. Respondent's actions in treating Luoi T. were part of his pattern and practice of repeated negligent acts. Respondent's actions also involved dishonesty and corruption which is substantially related to the duties, qualifications and functions of a physician and surgeon. Respondent engaged in excessive prescribing and illegal referrals.

XXI

Patient Xinh T., a MediCal beneficiary, was first seen by respondent on March 4, 1992. Respondent billed MediCal for a complete electrocardiogram with interpretation and a blood draw. The chart contains a laboratory report dated March 5, 1992 from Duz-Mor Laboratories of Los Angeles. Respondent prescribed six medications to patient Xinh T. on that date, including Klonopin (a Schedule IV controlled substance). Respondent prescribed medications for patient Xinh T. at every one of the 42 office visits for which respondent billed MediCal between March 5, 1992 and September 13, 1995. (A full list of the medications prescribed is attached in Appendix A to the accusation).

XXII

Respondent prescribed medications for conditions which were not properly documented in the patient's chart. These medications were intended to treat symptoms which had not been adequately evaluated or documented. Some of the combinations of medications respondent prescribed held a significant potential for side effects and drug interactions. Respondent's actions in treating Xinh T. were part of his pattern and practice of repeated negligent acts. Respondent's acts also involved dishonesty and corruption which are substantially related to the duties, qualifications and functions of a physician and surgeon. Respondent engaged in excessive prescribing and illegal referrals.

XXIII

Patient Nu N., a MediCal beneficiary, was first seen by respondent on August 24, 1991. Respondent billed MediCal for a complete electrocardiogram on this first visit. A laboratory report dated September 4, 1991 from Duz-Mor Laboratories is filed in the patient chart. According to the patient chart respondent prescribed five medications for patient Nu N. on this first office visit. Respondent prescribed medications for Nu N. at every one of the 52 office visits for which respondent billed MediCal between the dates of August 23, 1991 and September 27, 1995. (A full list of the medications prescribed is attached in Appendix A to the accusation).

XXIV

Respondent prescribed medications for conditions which were not properly documented in the patient's chart. These medications were intended to treat symptoms which had not been adequately evaluated or documented. Some of the combinations of medications respondent prescribed held a significant potential for side effects and drug interactions. Respondent's actions in treating Nu N. were part of his pattern

and practice of repeated negligent acts. They also involved dishonesty and corruption which is substantially related to the duties, qualifications and functions of a physician and surgeon. Respondent engaged in excessive prescribing and illegal referrals.

#### XXV

During the period from July of 1992 through February of 1993, while respondent was billing the MediCal program at least monthly for office visit examinations for this patient and was prescribing medications at every visit, Nu N. was seen and treated for Hepatitis at Refugee Health Services, County of Santa Clara Health Department. The California Department of Health Services MediCal Assistance Program Current History Claim Detail Report (Exhibit 45) shows that the Refugee Health Services treated Nu N. for Hepatitis on July 30, 1992, August 20, 1992 and February 23, 1993. Respondent's patient chart for patient Nu N. presents no indication that respondent had identified this serious condition and initiated appropriate treatment or referred this patient to any other provider to ensure proper treatment of this condition. Respondent's actions in treating Nu N. were part of his pattern and practice of repeated negligent acts. They also involved dishonesty and corruption which is substantially related to the duties, qualifications and functions of a physician and surgeon. Respondent engaged in excessive prescribing and illegal referrals.

#### XXVI

Patient Ton N., a MediCal beneficiary, was first seen by respondent on March 25, 1992. Respondent billed MediCal for a complete electrocardiogram with interpretation and for the drawing of a blood sample. A laboratory report from Duz-Mor Laboratories in Los Angeles dated April 1, 1992 indicates Ton N.'s blood was positive for Hepatitis B antigen. Nothing in respondent's records for this patient indicate any follow-up, despite Hepatitis B being reportable in Santa Clara County. Respondent prescribed medications for patient Ton N. at every one of the 32 office visits for which respondent billed MediCal between March 25, 1992 and September 22, 1995. (A full list of the medications prescribed is attached in Appendix A to the accusation).

#### XXVII

Respondent prescribed medications for patient Ton N. for conditions which are not properly documented in the patient's chart. These medications were intended to treat symptoms which had not been adequately evaluated or documented. Some of the combinations of medications respondent prescribed held a significant potential for side effects and drug interactions. Respondent's actions in treating Ton N. were part of

a pattern and practice of repeated negligent acts. They also involved dishonesty and corruption which is substantially related to the duties, qualifications and functions of a physician and surgeon. Respondent engaged in excessive prescribing and illegal referrals.

#### XXVIII

From January 31, 1992 and continuing until November 24, 1992, respondent accepted and redirected at least 25 checks in amounts of \$100 and \$200, totalling at least \$2,700, from a marketing representative of Duz-Mor Laboratories. During this eleven month period, respondent was directing all laboratory testing of his MediCal patients to Duz-Mor Labs in Los Angeles, which billed and was paid for that testing by the MediCal program. Respondent also billed and was paid by MediCal for obtaining the blood and/or urine specimens from those MediCal patients. The payments for referrals were checks signed and denominated by the Duz-Mor representative. Respondent personally entered the name of his chosen payee on the check and the notation "Donation/Dr. Nguyen Thuong Vu." The selected payees were various persons and organizations in the Vietnamese community, many in the local area. Dr. Nguyen thereby purchased community goodwill and word-of-mouth advertising by redirection of these checks. These actions demonstrate respondent's complete lack of understanding of what constitutes a conflict of interest. The proper practice would have been not to accept any money, for any purpose, from a laboratory.

#### XXIX

Complainant submitted for physician review sixteen other patients' files obtained from respondent's records. These records reflected a fair representation of respondent's medical practice. Fifteen of the sixteen patient records reflect the same pattern and practice of prescribing multiple medications for every patient at every visit. One of the sixteen was an infant. Of the twenty-one patient medical files reviewed, over the span of years and in the course of hundreds of patient visits, respondent prescribed five or more medications, in the great majority of instances, for each of these patients at every visit. Throughout the time period respondent was prescribing multiple medications at every visit for each of the fifteen additional patients, respondent's spouse was the owner/operator of La Rosa Pharmacy, which filled almost every one of the prescriptions for all of the patients and billed MediCal for each of these prescriptions. During the period from 1991 to 1993, La Rosa Pharmacy earned 2.9 million dollars from MediCal billings. La Rosa Pharmacy earned \$819,000 in the preceding three years from MediCal billings.

XXX

The Bureau of MediCal Fraud conducted timed surveillance of respondent's offices on March 25, 1992 and May 18, 1992. The hours respondent was physically present in his office were compared with the hours necessary to have provided the medical treatment respondent claimed to have rendered to specific MediCal patients on the listed dates of service for March 25, 1992 and May 18, 1992.

XXXI

Respondent billed the MediCal program for new and established patient examinations of 53 patients on the claimed date of service of March 25, 1992. Bureau investigators observed a total of 22 persons, including respondent's employees, but not respondent, enter respondent's medical office on March 25, 1992. More than 50% of the 53 office visits respondent claimed to have rendered in his billing to the MediCal program on the claimed date of service of March 25, 1992 did not occur on the claimed date.

XXXII

On May 18, 1992 Bureau investigators observed respondent to be present in his medical office a total of less than 9 1/2 hours. MediCal records reveal respondent billed the MediCal program for 58 new and established patient examinations on May 18, 1992. Even assuming all of respondent's time at the office on that day was devoted to medical treatment of these patients, an average of less than 10 minutes per patient could have been afforded each patient. The suggested time expenditures described by the CPT codes for the examinations for which respondent billed MediCal (whether established or new) for these 58 patients could not have been met or even close to being met. Respondent clearly had a pattern and practice of exaggerating his billing codes. He had an average of 50 to 60 patients a day and regularly billed the same new and established patient CPT codes. Every one of these patients, whether billed as a new or established patient, received between four and eight prescriptions for that date.

XXXIII

Every MediCal beneficiary for whom respondent claimed to have provided a new patient examination (CPT code 99204) on May 18, 1992 was also billed to MediCal for drawing of a blood sample for lab work performed by Duz-Mor Laboratories in Los Angeles. Duz-Mor also billed MediCal for performing these tests. Twenty of the twenty-one MediCal patients whose charts were obtained from respondent and reviewed by independent physicians had lab tests, all performed by Duz-Mor Laboratories in Los Angeles, ordered and billed to the MediCal program by



#### XXXVII

There is clear and convincing evidence that respondent's treatment of his patients was essentially a "cookie cutter" operation with essentially the same history, diagnosis and treatment given to each patient. While there were some exceptions where individual medical problems were diagnosed and treated, the vast majority of patients were treated in a formulaic manner. They were told to return after only a short interval without medical justification, treated for unspecified infections for long periods of time, and given various medications in small quantities. Respondent's claim that he did this so that patients would not share medication with family members is insufficient to justify the tremendous number of prescriptions that he generated. The fact of the matter is that each prescription ensured that La Rosa Pharmacy would receive a fee to fill the prescription.

#### XXXVIII

Respondent's actions involve dishonesty and corruption which is substantially related to the qualifications, functions and duties of a physician and surgeon. This course of conduct also constitutes illegal referrals in that respondent's gain was based on the number of prescriptions and patients referred, and in many instances there was no valid medical need for the referral.

#### XXXIX

The prescribing of multiple medications at every visit for every patient constitutes overprescribing. The expert testimony established that the drugs were sometimes contra-indicated for the patient and the combinations were irrational and contradictory. The practice of prescribing Klonopin, a drug used by psychiatrists to treat psychiatric patients for stress which is not an FDA approved use in and of itself, is not grounds for disciplinary action. However, indiscriminate and unjustified prescription of such a drug is inappropriate. While respondent claimed that he used it because it was the only drug in the diazepam classification that was on the Medical formulary, this was not a proper justification for its use. Respondent could have prescribed drugs for stress which were not on the formulary by filing some additional paper work supplying medical justification for the need to prescribe these drugs. Considering the volume of patients, respondent did not want to do the paper work necessary to get the medications that he should have used to treat his patients' conditions.

XL

Respondent had a distinguished career before going into practice for himself. He became the Medical Director of Agnews State Hospital. He was educated and practiced medicine in Vietnam until 1975 when he came to the United States as a refugee. He spent three years at Dearborn General Hospital in Michigan to complete a formal residency program. He received recognition for his excellent service to the State of California while working at Agnews State Hospital. Respondent volunteered his time to give medical aid to boat people who were found in the South China Sea. Respondent has made generous contributions to charities in his community. Even the money he received from Duz-Mor Labs was contributed to charity.

XLI

Respondent offered no evidence of rehabilitation. He has not made or even offered any restitution. He has not acknowledged his questionable ethical practices of having charitable donations made in his name or referring patients to his wife's pharmacy so that there is no assurance that the practices will stop. There was no evidence that respondent has or plans to change his practices such as seeing 60 patients a day with inadequate medical notations on his patient records and 6 prescriptions per patient on every visit with short intervals between visits. Without a clear understanding of the serious nature of the violations and an acknowledgement that the practices need changing, it would not be in the public interest to grant a probationary license at this time.

XLII

Certification of Costs of Investigation and Enforcement was presented as follows:

A. Investigative Services	\$ 4,558.50
B. Expert Review	825.00
C. Attorney Time	62,044.00

Total:	<u>\$67,427.50</u>
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Respondent requested the underlying justification for these amounts and any supporting information was refused. It is not clear whether or not the attorney costs include charges for the time spent by the attorney in the hearing. Those amounts would not be allowed pursuant to section 125.3(c). There is insufficient information to apportion the costs. However, the Board is certainly entitled to the reasonable costs of investigation and enforcement. The amount of \$5,383.50 for investigation is reasonable; however, the reasonableness of the attorney time cannot be determined without further justification.

respondent, usually on the first billed visit. The single exception was an infant who was seen by respondent.

#### XXXIV

The fact that respondent prescribed medications that are the prescription form of a product that was available in less expensive form over the counter, standing alone, is not improper. The Medical program formulary for medications allows for the prescription of such over the counter drugs as Tylenol, Maalox and aspirin so that beneficiaries on limited incomes will not have to spend their limited funds on these medications. However, there still needs to be a documented medical reason to prescribe any of these medications, and the side effects and drug interactions of these medications still need to be considered.

#### XXXV

Respondent's patient charts were below the standard of practice and constituted unprofessional conduct in that Respondent was repeatedly negligent in his medical record keeping. The charts did not properly document the subjective complaints of the patients. The complaints as written were conclusionary such as "insomnia" or "anxiety" instead of descriptive. It would have been important to know if the patient had trouble getting to sleep or if the patient awakened in the middle of the night and had trouble getting back to sleep as well as how often this occurred. The recorded histories of the present complaint were cursory, seldom using more than three words. "Fever" was often listed without the actual degree of fever recorded.

#### XXXVI

Respondent was paid more than \$900,000 during 1991 through 1993 for medical services he claimed to have provided to Medical patients. He admitted to seeing an average of 60 patients per day, the vast majority of which were Medical recipients. Respondent routinely billed CPT codes which required the doctor to spend more time and/or deal with more complex medical problems and/or required comprehensive physical examinations. While time is not the defining factor for the choice of a CPT code, it is part of the decision process for the doctor in deciding which code to use. Respondent's consistent use of codes which gave him higher reimbursement rates without justification in the medical charts amounts to fraud.

## DETERMINATION OF ISSUES

### I

By reason of the matters set forth in Findings IV through XV, cause for disciplinary action exists pursuant to Business and Professions Code sections 2238(a), (c) and (e), 725, 650 and 652.

### II

By reason of the matters set forth in Findings XVI, XVII and XVIII, cause for disciplinary action exists pursuant to Business and Professions Code sections 2234(a), (c) and (e), 725, 2242, 2238, 650 and 652 for patient Chau N. The same is true for each of patients Luoi T., Xinh T. Nu N. and Ton N. by reason of the matters set forth in Findings XIX through XXVII and XXXV through XXXIX.

### III

By reason of the matters set forth in Findings XXVIII, XXX, XXXI, XXXII and XXXIII, cause for disciplinary action exists pursuant to section 2234(e) in that these acts involve dishonesty and corruption which is substantially related to the duties, qualifications and functions of a physician and surgeon.

### IV

By reason of the matters set forth in Finding XXIX and XXXV through XXXIX, cause for disciplinary action exists pursuant to Business and Professions Code sections 2234(a), (c), and (e), 725, 2242, 2238, 650 and 652 for the additional 16 patients.

### V

The matters set forth in Finding XXXIV do not constitute grounds for disciplinary action under the Business and Professions Code.

### VI

The matters set forth in Findings XL and XLI have been considered in making the order in this matter.

### VII

The matters set forth in Finding XLII have been considered in ordering the recovery of costs in this matter pursuant to Business and Professions Code 125.3.

ORDER

1. Physician and surgeon certificate No. A 32991 issued to Thuong Vu Nguyen, M.D. is hereby revoked pursuant to Determinations I, II, III, and IV, separately and jointly.

2. The respondent is ordered to pay \$5,383.50 in reasonable costs of investigation to the Board. The Board requires more information to determine the amount of attorney costs that are reasonable and allowable under the statute..

DATED: March 25, 1997

Ruth S. Astle

RUTH S. ASTLE  
Administrative Law Judge  
Office of Administrative Hearings

DANIEL E. LUNGREN, Attorney General  
of the State of California  
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Attorneys for Complainant

**BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation	)	No. 03-93-26977
Against:	)	
	)	<u>ACCUSATION</u>
THUONG VU NGUYEN, M.D.	)	
	)	
602 East Santa Clara St.	)	
San Jose, CA 95112	)	
	)	
Physician & Surgeon Certificate No. A32991	)	
	)	
Respondent.	)	

**PARTIES**

1. Complainant, Ron Joseph, is the Executive Director of the Medical Board of California (hereinafter the "Board") and brings this accusation solely in his official capacity.

2. At all times material herein, respondent THUONG VU NGUYEN, M.D. (hereinafter "respondent") has held physician and surgeon certificate No. A 32991, issued to him by the Board on or about October 4, 1978 with an expiration date of August 31, 1996.

1 Respondent is not authorized in California to supervise  
2 physicians' assistants. No prior disciplinary action has been  
3 taken against respondent's California physician and surgeon  
4 certificate.

5           3. Respondent is believed to be the sole physician  
6 treating patients at the medical office located at 602 E. Santa  
7 Clara Street, No. 130, San Jose, California. At the time of the  
8 incidents described herein, respondent had an ownership interest  
9 in the business known as "La Rosa Pharmacy", 424 E. Santa Clara  
10 Street, San Jose, California. "La Rosa Pharmacy" is or was at  
11 the time of the incidents described herein co-owned and operated  
12 by Cham-Doan Duong, a California-licensed pharmacist and  
13 respondent's spouse.

#### 14                                   JURISDICTION

15           3. This accusation is brought before the Division of  
16 Medical Quality of the Medical Board of California, Department of  
17 Consumer Affairs (hereinafter the "Division"), under the  
18 authority of the following sections of the California Business  
19 and Professions Code (hereinafter "Code"):

20           A. Section 2227 of the Code provides that the Board  
21 may revoke, suspend for a period not to exceed one year, or  
22 place on probation the license of any licensee who has been  
23 found guilty under the Medical Practice Act.

24           B. Section 2234 of the Code requires that the Division  
25 take action against any licensee charged with unprofessional  
26 conduct. Section 2234 provides that unprofessional conduct  
27 includes, but is not limited to, the following:

1           (a) Violating or attempting to violate, directly or  
2 indirectly, or assisting in or abetting the violation of, or  
3 conspiring to violate, any provision of this chapter.

4           (b) Gross negligence.

5           (c) Repeated negligent acts.

6           (d) Incompetence.

7           (e) The commission of any act involving dishonesty or  
8 corruption which is substantially related to the  
9 qualifications, functions, or duties of a physician and  
10 surgeon.

11           (f) Any action or conduct which would have warranted  
12 the denial of a certificate."

13           C. Section 725 of the Code provides, in part, that  
14 repeated acts of clearly excessive prescribing or administering  
15 drugs or treatment is unprofessional conduct for a physician and  
16 surgeon.

17           D. Section 2242 of the Code provides that prescribing,  
18 dispensing, or furnishing dangerous drugs, as defined in Health &  
19 Safety Code section 4211<sup>1/</sup>, without a good faith prior  
20 examination and medical indication therefor constitutes  
21 unprofessional conduct.

22           E. Section 2238 states that violation of any federal  
23 statute or regulation or statute or regulation of this state  
24

25  
26           1. Health & Safety Code section 4211 states, in pertinent  
part: " 'Dangerous drug' means any drug unsafe for self  
medication...and includes the following:

27           (c) Any other drug or device that by Federal and state law  
can be lawfully dispensed only by prescription..."



1 regulating dangerous drugs or controlled substances constitutes  
2 unprofessional conduct.

3 F. Health & Safety Code section 11007 defines a  
4 "controlled substance" as a drug included in Schedules I through  
5 V, inclusive, as defined by Health and Safety Code § 11007.

6 G. Business & Professions Code section 650 prohibits,  
7 with delineated exceptions, the receipt of any consideration by a  
8 licensee for patient referrals. None of the specified exceptions  
9 to this prohibition shall apply and any such referral "shall be  
10 unlawful if the prosecutor proves that there was no valid medical  
11 need for the referral".

12 H. Business & Professions Code section 652 states that  
13 violation of section 650, supra, constitutes unprofessional  
14 conduct.

#### 15 INVESTIGATION AND ENFORCEMENT COSTS

16 4. California Business & Professions Code section  
17 125.3, subdivision (a), provides, in pertinent part, that in any  
18 order issued in resolution of a disciplinary proceeding, the  
19 board may request the administrative law judge to direct a  
20 licensee found to have committed a violation or violations of  
21 the licensing act to pay a sum not to exceed the reasonable costs  
22 of investigation and enforcement of the case.

#### 23 FIRST CAUSE FOR DISCIPLINARY ACTION

24 5. Respondent Thuong Vu Nguyen, M.D., is subject to  
25 disciplinary action pursuant to section 2234 of the Business &  
26 Professions Code in that he committed gross negligence, and/or  
27

1 repeated negligent acts, and/or was incompetent, and in that  
2 respondent committed acts involving dishonesty or corruption  
3 substantially related to the qualifications, functions, or duties  
4 of a physician and engaged in other unprofessional conduct in the  
5 practice of his profession as a physician and surgeon in his  
6 treatment of patient "Vin V. T.".

7 a. "Vin V. T." (hereinafter T) is the fictitious  
8 name assumed by an individual employed in an investigative  
9 capacity by the California Department of Justice Bureau of Medi-  
10 Cal. Fraud (hereinafter "Bureau").

11 b. On January 19, 1993 T was directed by Bureau  
12 investigators to appear at respondent's medical office at 602 E.  
13 Santa Clara St., Suite 130, San Jose, California and register as  
14 Medi-Cal beneficiary and new patient Vin V. T.

15 c. T's weight and height were measured and a urine  
16 specimen collected before T saw respondent.

17 d. T gave a brief family history when asked by  
18 respondent, and complained only of insomnia and accompanying  
19 fatigue. T gave negative responses when respondent inquired  
20 as to any stomach distress, headache or back pain.

21 e. Respondent looked into T's ears, eyes and mouth  
22 with a penlight and applied a stethoscope to T's chest and  
23 back. T declined to give a blood sample. The examination was  
24 concluded less than five minutes after respondent entered the  
25 room.

26 f. T was taken by an unidentified person to another  
27 room where he underwent an apparent electrocardiogram; respondent

1 billed the Medi-Cal program for a complete electrocardiogram and  
2 interpretation for this date of service. Respondent returned to  
3 inform T████ his heartbeat was weak and that T████ was to see  
4 respondent again in two weeks. Respondent handed T████ a  
5 prescription for six medications:

6 1) Amoxil

7 2) Antivert

8 3) Buspar

9 4) Creon

10 5) Klonopin (Schedule IV controlled substance)

11 6) Maalox Plus

12 g. A second staff person made an appointment for T████  
13 to see respondent again February 2, 1993, handed T████ a business  
14 card from "La Rosa Pharmacy" and gave him directions to that  
15 pharmacy. At the time of this incident, La Rosa Pharmacy was  
16 owned by Cham-Doan Duong, respondent's spouse. La Rosa Pharmacy  
17 is located approximately three and one-half blocks from  
18 respondent's office. There was at the time of the incidents  
19 related herein a Viet-nameese owned pharmacy, with a native  
20 speaker on duty, located in the same building as respondent's  
21 office at 602 E. Santa Clara St., San Jose, California. Patients  
22 traveling by foot or automobile along the most direct street  
23 route between respondent's office and La Rosa Pharmacy  
24 necessarily pass another licensed pharmacy at a prominent corner  
25 location.

26 h. Respondent, a Medi-Cal provider, billed and was  
27 paid by the Medi-Cal program for medical services respondent

1 claimed were provided to Vin V. T. on January 19, 1993: an  
2 electrocardiogram with interpretation and a "new patient, level 4  
3 examination"--CPT code 99204<sup>2/</sup>. Respondent's diagnosis as  
4 listed in respondent's claim for payment was dizziness and  
5 respiratory abnormalities. La Rosa Pharmacy also billed the  
6 Medi-Cal program for the medications prescribed by respondent for  
7 T. and filled at La Rosa Pharmacy on January 19, 1993.

8 i. T. kept the February 2 appointment. Respondent  
9 took T.'s blood pressure and listened to his chest with a  
10 stethoscope. T. expressed concern about respondent's comment  
11 on the previous visit regarding T.'s weak heartbeat.  
12 Respondent assured T. it was not a heart condition, that T.  
13 just needed to stop smoking. Respondent told T. he looked much  
14 better than he had on their last visit and that the improvement  
15 was due to the medications respondent had prescribed.

16  
17  
18 2. CPT (1993 edition) procedure code 99204 is defined as  
19 an "office or other outpatient visit for the evaluation and  
20 management of a new patient, which requires these three  
21 components:

- 21 1) comprehensive history (to include "chief  
22 compliant; extended history of present illness; complete system  
23 review; complete past, family and social history";  
24 2) comprehensive examination (highest level of  
25 examination: "complete single system specialty examination or a  
26 complete multi-system examination"; and  
27 3) medical decision making of moderate complexity."

"Usually, the presenting problems are of moderate to high  
severity. Physicians typically spend 45 minutes face-to-face  
with the patient and/or family." "Moderate severity" is defined  
as "a problem where the risk of morbidity without treatment is  
moderate; there is moderate risk of mortality without treatment;  
uncertain prognosis OR increased probability of prolonged  
functional impairment".

1 j. Respondent told T [REDACTED] to make another appointment  
2 for two weeks hence and handed T [REDACTED] a prescription for six  
3 medications:

- 4 1) Buspar
- 5 2) Dalmane (Schedule IV controlled substance)
- 6 3) Maalox Plus
- 7 4) Pancrease
- 8 5) Totacillin
- 9 6) Tylenol

10 k. T [REDACTED] made the appointment for February 16, 1993, was  
11 given another business card for "La Rosa Pharmacy" by a member of  
12 the office staff and was told to have the prescription filled at  
13 that pharmacy.

14 l. Respondent billed and was paid by the Medi-Cal  
15 program for medical services respondent claimed he provided on  
16 February 2, 1993 to patient Vin V [REDACTED] T [REDACTED]: an "established patient  
17 examination"--CPT code 99213<sup>3/</sup>. The diagnosis listed on the  
18 Medi-Cal claim form was headache. La Rosa Pharmacy also billed  
19 for the medications prescribed by respondent for T [REDACTED] and filled  
20 at La Rosa Pharmacy on February 2, 1993.

21  
22  
23 3. CPT procedure code 99213 is defined as "as office or  
24 other outpatient visit for the evaluation and management of an  
established patient, which requires two of these three  
components:

- 25 1) an expanded problem focused history;
- 26 2) an expanded problem focused examination;
- 27 3) medical decision making of low complexity."

"Usually the presenting problems are of low to moderate  
severity. Physicians typically spend 15 minutes face-to-face  
with the patient and/or family."

1 m. T [REDACTED] appeared for the scheduled February 16  
2 appointment but was not allowed to see respondent because T [REDACTED]  
3 was unable to provide picture identification.

4 n. On March 15, 1993, T [REDACTED] returned to respondent's  
5 medical office with identification bearing his photograph and the  
6 name Vin V [REDACTED] T [REDACTED] Tran informed respondent that he was feeling  
7 better and had quit smoking. Respondent took T [REDACTED]'s blood  
8 pressure, listened to his chest with a stethoscope, told him to  
9 return in one month and gave him a prescription for six  
10 medications:

- 11 1) Amoxil
- 12 2) Buspar
- 13 3) Creon
- 14 4) Calcium Gluconate
- 15 5) Dalmane (Schedule IV controlled substance)
- 16 6) Tylenol

17 o. When scheduling his next appointment with an office  
18 assistant, T [REDACTED] was asked if he knew where to have the  
19 prescription filled. T [REDACTED] inquired if he might conveniently have  
20 it filled at the Vietnamese pharmacy in the same building as  
21 respondent's office. The staff person informed T [REDACTED] that the  
22 Vietnamese pharmacy in the building would not fill the  
23 prescription; T [REDACTED] should go to "La Rosa Pharmacy." He was given  
24 another business card for "La Rosa Pharmacy."

25 p. Respondent billed and was paid by the Medi-Cal  
26 program for medical services respondent claimed he provided to  
27 Vin V [REDACTED] T [REDACTED] on March 15, 1993: an "established patient

1 examination"--CPT code 99213. The diagnosis listed on the Medi-  
2 Cal claim form was phobic disorder. La Rosa Pharmacy also billed  
3 the Medi-Cal program for the medications prescribed by respondent  
4 for T [REDACTED] and filled at La Rosa Pharmacy on March 15, 1993.

5 6. Respondent is subject to discipline under Business  
6 and Professions Code section 2234 for the unprofessional conduct  
7 described in paragraph 5, in that respondent's course of conduct  
8 as to named patient Vin V [REDACTED] T [REDACTED] was repeatedly negligent and/or  
9 grossly negligent and/or incompetent and that said conduct  
10 involves dishonesty or corruption substantially related to the  
11 qualifications, functions, or duties of a physician and surgeon.  
12 Said conduct also constitutes unprofessional conduct under the  
13 provisions of section 650 (Receiving consideration for referral),  
14 section 725 (Excessive prescribing), section 2261 (Making false  
15 statements), section 2242(a) (Prescribing without good faith  
16 examination), and section 2238 (Violation of drug statute);  
17 therefore cause exists for discipline under section 2234.

#### 18 19 SECOND CAUSE FOR DISCIPLINARY ACTION

20 7. On July 5, 1994, medical records for 21 patients  
21 were obtained from respondent by patient consent or  
22 administrative subpoena. The individual records were reviewed by  
23 a medical consultant of the Division of Medical Quality of the  
24 Medical Board of California and independently by two California  
25 physicians familiar with the standard of practice required of  
26 family practitioners in this state. Among respondent's patient  
27

1 charts reviewed were those of patients LOUI T., XINH T., NU N.,  
2 TON N. and CHAU N.<sup>4/</sup>

3 8. Patient CHAU N., a Medi-Cal beneficiary, was first  
4 seen by respondent on August 29, 1991 when this woman was 60  
5 years old. Respondent billed the Medi-Cal program for a complete  
6 electrocardiogram and the drawing of a blood sample for lab work  
7 on this first visit. A lab report dated August 30, 1991 from  
8 Duz-Mor Laboratories in Los Angeles is filed in the patient's  
9 chart. According to respondent's chart entries, respondent  
10 prescribed (6) medications for this patient on that date,  
11 including Klonopin, a Schedule IV controlled substance.  
12 Respondent submitted a claim for payment to the Medi-Cal program  
13 for this visit and for 15 additional claimed office visits  
14 between August 29, 1991 and February 26, 1993; respondent  
15 prescribed medications for patient Chau N. at every one of the 16  
16 office visits for which respondent billed Medi-Cal. (See  
17 Appendix A, paragraph 1, attached.)

18 9. Respondent prescribed medications for conditions patient  
19 Chau N. may not have had; some of the prescribed medications are  
20 the prescription form of a product that was available in less  
21 expensive form over the counter; some of these medications were  
22 intended to treat symptoms which had not been adequately  
23 evaluated or documented, and some of the particular combinations  
24 of medications respondent prescribed for patient Chau N. held a  
25 significant potential for side effects and/or drug interactions.

26  
27 4. Patients' last names are abbreviated here in the  
interests of privacy. Respondent will be furnished with  
patients' full names upon request.



1        10. Respondent is subject to discipline under Business and  
2 Professions Code section 2234 for unprofessional conduct  
3 described in paragraphs 8 and 9 in that respondent's course of  
4 conduct as to patient Chau N. was repeatedly negligent and/or  
5 grossly negligent and/or incompetent and involves dishonesty or  
6 corruption substantially related to the qualifications,  
7 functions, or duties of a physician and surgeon and that said  
8 conduct violates the provisions of section 725 (Excessive  
9 Prescribing), section 650 (Illegal Referrals) and section 2238  
10 (Violation of Drug Statute), which violations also constitute  
11 unprofessional conduct.  
12

13                    **THIRD CAUSE FOR DISCIPLINARY ACTION**

14        11. PATIENT LUOI T., a Medi-Cal beneficiary, was first seen by  
15 respondent September 28, 1991. Respondent billed Medi-Cal for a  
16 complete electrocardiogram and a blood draw on this first visit;  
17 the patient chart contains a laboratory report dated September  
18 30, 1991 from Duz-Mor Laboratories of Los Angeles. Testing of  
19 the patient's blood taken on this visit revealed the presence of  
20 Hepatitis B antigen; no indication of this fact is noted in  
21 respondent's records for follow-up, despite mandatory reporting  
22 of Hepatitis B in Santa Clara County. According to respondent's  
23 chart entries, respondent prescribed (6) medications on this date  
24 for patient Luoi T., including Klonopin, a Schedule IV controlled  
25 substance. Respondent prescribed medications for patient Luoi  
26 T. at every one of the 43 office visits for which respondent  
27

1 billed Medi-Cal between September 29, 1991 and May 3, 1995. (See  
2 Appendix 1, paragraph 2, attached.)

3 12. Respondent prescribed medications for conditions which  
4 patient Luoi T. may not have had; some of the prescribed  
5 medications are the prescription form of a product that was  
6 available in less expensive form over the counter; these  
7 medications were intended to treat symptoms which had not been  
8 adequately evaluated or documented; some of the combinations of  
9 medications respondent prescribed held a significant potential  
10 for side effects and/or drug interactions.

11 13. Respondent is subject to discipline under Business and  
12 Professions Code section 2234 for the unprofessional conduct  
13 described in paragraphs 11 and 12, in that respondent's course of  
14 conduct as to patient Chau N. was repeatedly negligent and/or  
15 grossly negligent and/or incompetent and involves dishonesty or  
16 corruption substantially related to the qualifications, functions  
17 or duties of a physician and surgeon and that said conduct  
18 violates the provisions of section 725 (Excessive prescribing),  
19 section 2238 (Violation of Drug Statute) and section 650 (Illegal  
20 referrals) which violations also constitute unprofessional  
21 conduct.

#### 22 23 FOURTH CAUSE FOR DISCIPLINARY ACTION

24 14. PATIENT XINH T., a Medi-Cal beneficiary, was first seen  
25 by respondent March 4, 1992. Respondent billed Medi-Cal for a  
26 complete electrocardiogram with interpretation and a blood draw;  
27 the chart contains a laboratory report dated March 5, 1992 from

1 Duz-Mor Laboratories of Los Angeles. Respondent prescribed (6)  
2 medications to patient Xinh T. on that date, including Klonopin,  
3 a Schedule IV controlled substance. Respondent prescribed  
4 medications for patient Xinh T. at every one of the 42 office  
5 visits for which respondent billed Medi-Cal between March 5, 1992  
6 and September 13, 1995. (See Appendix 1, paragraph 3,  
7 attached.)

8 15. Respondent prescribed medications for conditions which  
9 patient Xinh H. may not have had, that some of the prescribed  
10 medications are the prescription form of a product that was  
11 available in less expensive form over the counter, that these  
12 medications are intended to treat symptoms which had not been  
13 adequately evaluated or documented, and that some of the  
14 combinations of medications respondent prescribed held a  
15 significant potential for side effects and/or drug interactions.

16 16. Respondent is subject to discipline under Business and  
17 Professions Code section 2234 for the unprofessional conduct  
18 described in paragraphs 14 and 15 in that respondent's course of  
19 conduct as to patient Xinh T. was repeatedly negligent and/or  
20 grossly negligent and/or incompetent and involves dishonesty or  
21 corruption substantially related to the qualifications, functions  
22 or duties of a physician and surgeon and that said conduct  
23 violates the provisions of section 725 (Excessive prescribing),  
24 section 2238 (Violation of Drug Statute) and section 650 (Illegal  
25 referrals), which violations also constitute unprofessional  
26 conduct.

27 //

**FIFTH CAUSE FOR DISCIPLINARY ACTION**

17. PATIENT NU N., a Medi-Cal beneficiary, was first seen by respondent August 24, 1991. Respondent billed Medi-Cal for a complete electrocardiogram on this first visit. A laboratory report dated September 4, 1991 from Duz-Mor Laboratories is filed in the patient chart. According to the patient chart respondent prescribed (5) medications for patient Nu N. on this first office visit. Respondent prescribed medications for Nu N. at every one of the (52) office visits for which respondent billed Medi-Cal between the dates of August 23, 1991 and September 27, 1995. (See Appendix 1, paragraph 4, attached.)

18. Respondent prescribed medications for conditions the patient may not have; that some of the prescribed medications are the prescription form of a product that was available in less expensive form over the counter; that these medications are intended to treat symptoms which had not been adequately evaluated or documented; and that some of the combinations of medications respondent prescribed held a significant potential for side effects and/or drug interactions.

19. During the period July, 1992 through February 1993-- while respondent was billing the Medi-Cal program at least monthly for office visit examinations for this patient and was prescribing medications at every visit--Nu N. was seen and treated for Hepatitis at Refugee Health Services, County of Santa Clara Health Department. Refugee Health Services treated Nu N. for Hepatitis on July 30, 1992, August 20, 1992 and February 23, 1993. Respondent's patient chart for patient Nu N. presents no

1 indication that respondent had identified this serious condition  
2 and initiated appropriate treatment or referred this patient to  
3 any other provider to ensure proper treatment of this condition.

4 20. Respondent is subject to discipline under Business and  
5 Professions Code section 2234 for the unprofessional conduct  
6 described in paragraphs 17, 18 and 19 in that respondent's course  
7 of conduct as to patient Nu N. was repeatedly negligent and/or  
8 grossly negligent and/or incompetent and involves dishonesty or  
9 corruption substantially related to the qualifications, functions  
10 or duties of a physician and surgeon and that said conduct also  
11 violates the provisions of section 725 (Excessive Prescribing),  
12 section 2238 (Violation of Drug Statute) and section 650 (Illegal  
13 Referral), which violations also constitute unprofessional  
14 conduct.

#### 15 SIXTH CAUSE FOR DISCIPLINARY ACTION

16 21. PATIENT TON N., a Medi-Cal beneficiary, was first seen  
17 by respondent March 25, 1992. Respondent billed Medi-Cal for a  
18 complete electrocardiogram with interpretation and for the  
19 drawing of a blood sample. A laboratory report from Duz-Mor  
20 Laboratories of Los Angeles dated April 1, 1992 indicates Ton  
21 N.'s blood was positive for Hepatitis B antigen; nothing in  
22 respondent's records for this patient indicate any follow-up,  
23 despite Hepatitis B being reportable in Santa Clara County.  
24 Respondent prescribed medications for patient Ton N. at every one  
25 of the (32) office visits for which respondent billed Medi-Cal  
26 between March 25, 1992 and September 22, 1995. (See Appendix 1,  
27 paragraph 5, attached.)

1        22. Respondent prescribed medications for patient Ton N.  
2 for conditions the patient may not have had; some of the  
3 prescribed medications are the prescription form of a product  
4 that was available in less expensive form over the counter; these  
5 medications were intended to treat symptoms which had not been  
6 adequately evaluated or documented; and some of the combinations  
7 of medications respondent prescribed held a significant potential  
8 for side effects and/or drug interactions.

9        23. Respondent is subject to discipline under Business and  
10 Professions Code section 2234 for the unprofessional conduct  
11 described in paragraphs 21 and 22 in that respondent's course of  
12 conduct as to patient Ton T. was repeatedly negligent and/or  
13 grossly negligent and/or incompetent and that said conduct  
14 involves dishonesty or corruption substantially related to the  
15 qualifications, functions or duties of a physician and surgeon  
16 and that said conduct violates the provisions of section 725  
17 (Excessive Prescribing), section 2238 (Violation of Drug Statute)  
18 and section 650 (Illegal referrals), which violations also  
19 constitute unprofessional conduct.

20                    **ADDITIONAL FACTS IN AGGRAVATION**

21        24. Complainant submitted for physician review sixteen  
22 other patient files obtained from respondent's records by patient  
23 consent or administrative subpoena. Each of these additional  
24 patient records reflects the same pattern and practice of  
25 prescribing multiple medications for every patient at every  
26 visit. Of the twenty-one (21) patient medical files reviewed,  
27 over the span of years and in the course of hundreds of patient

1 visits, respondent prescribed medications--in the great majority  
2 of instances, five or more medications--for each of these  
3 patients at every visit. Throughout the time period respondent  
4 was prescribing multiple medications for each of these sixteen  
5 additional patients at every visit, respondent's spouse was the  
6 owner/operator of La Rosa Pharmacy, which filled--and billed  
7 Medi-Cal for--virtually all of the prescriptions for all of the  
8 patients as described herein.

9       25. The Bureau of Medi-Cal Fraud conducted timed  
10 surveillance of respondent at his offices on March 25, 1992 and  
11 May 18, 1992. The hours respondent was physically present in his  
12 office were compared with the hours necessary to have effectively  
13 provided the medical treatment respondent claimed to have  
14 rendered to specific Medi-Cal patients on the listed dates of  
15 service of March 25, 1992 and May 18, 1992.

16       26. Respondent billed the Medi-Cal program for new and  
17 established patient examinations of 53 patients on the claimed  
18 date of service of March 25, 1992. Bureau investigators observed  
19 a total of 22 persons, not including respondent but including any  
20 employees, enter respondent's medical office on March 25, 1992.  
21 More than 50% of the 53 office visits respondent claimed to have  
22 rendered in his billing of the Medi-Cal program on the claimed  
23 date of service of March 25, 1992 could not have occurred and  
24 are therefore false claims.

25       27. On May 18, 1992 Bureau investigators observed  
26 respondent to be present in his medical office a total of less  
27 than 9 1/2 hours. Medi-Cal records reveal respondent billed the

1 Medi-Cal program for 58 new and established patient examinations  
2 on the claimed date of service of May 18, 1992. Even assuming  
3 every minute respondent was present in his medical office on that  
4 day to have been devoted to medical treatment of these patients,  
5 an average of less than 10 minutes per patient could have been  
6 afforded these patients. The suggested time expenditures  
7 described by the CPT codes for the examinations for which  
8 respondent billed the Medi-Cal program for these 58 patients--  
9 whether established or new patient examinations--could not have  
10 been met during the hours respondent saw patients on that date.<sup>5/</sup>  
11 If some of these patients were actually seen for a period of time  
12 sufficient to meet the CPT's suggested time allocation, remaining  
13 patients billed under the same codes would have received  
14 proportionately even less time. At least some of respondent's  
15 billings for Medi-Cal patients on May 18, 1992 are false.  
16 Additionally, every one of these patients, whether billed as a  
17 new or established patient, received between four and eight  
18 prescriptions written by respondent on that date.

19 28. Every Medi-Cal beneficiary for whom respondent claimed  
20 to have provided a new patient examination/evaluation (CPT code  
21 99204) on May 18, 1992 was also billed to Medi-Cal for drawing of  
22 a blood sample for lab work performed by Duz-Mor Laboratories in  
23 Los Angeles; Duz-Mor also billed Medi-Cal for performing these

24  
25 5. Respondent billed the Medi-Cal program for physician  
26 services claimed rendered on May 18, 1992 to 58 patients and  
27 listed by respondent as either CPT category 99204 (new patient,  
typically requiring 45 minutes face-to-face with patient and/or  
family) or 99213 (established patient, typically requiring 15  
minutes face-to-face with patient and/or family).



1 tests. Twenty of the twenty-one Medi-Cal patients whose charts  
2 were obtained from respondent and reviewed by independent  
3 physicians had lab tests-all performed by Duz-Mor Laboratories in  
4 Los Angeles--ordered and billed to the Medi-Cal program by  
5 respondent, usually on the first billed visit. The single  
6 exception was two years of age when seen by respondent.

7 **PRAYER**

8 WHEREFORE, complainant requests that the Board hold a  
9 hearing on the matters alleged herein, and following such  
10 hearing, the Board issue a decision:

11 1. Revoking or suspending Physician's and Surgeon's  
12 Certificate Number A32991, issued to respondent Thuong Vu Nguyen,  
13 M.D.;

14 2. Ordering respondent to pay a sum not to exceed the  
15 reasonable costs of investigation and enforcement of the case;  
16 and

17 3. Taking such other and further action as the Board  
18 deems appropriate to protect the public health, safety and  
19 welfare.

20  
21 DATED: April 3, 1996

22  
23  
24  
25  
26  
27  
FILED  
APR 10 1996  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO  
RON JOSEPH  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

APPENDIX A

1) Patient Chau N. was seen by respondent on the following dates and prescribed the indicated medications according to the records of the Medi-Cal program's payments to respondent for claimed services rendered to this patient and respondent's records.

a. Chau N. was seen a second time on September 7, 1991; according to respondent's chart notes, respondent prescribed (5) medications.

b. Chau N. was seen again on September 19, 1991; according to his chart entries, respondent prescribed (4) medications, including Klonopin, a Schedule IV controlled substance.

c. Chau N. was seen again on September 26, 1991; according to his chart notes, respondent prescribed (4) medications.

d. Chau N. was seen again on October 22, 1991; according to his chart entries, respondent prescribed (5) medications.

e. Chau N. was seen again on November 6, 1991; according to his chart entries, respondent prescribed (5) medications.

f. Chau N. was seen again on November 20, 1991; according to his chart entries, respondent prescribed (4) medications.

//

1           g. Chau N. was seen again on December 11, 1991;  
2 according to his chart entries, respondent prescribed (5)  
3 medications.

4           h. Chau N. was seen again on December 26, 1991;  
5 according to his chart entries, respondent prescribed (4)  
6 medications.

7           i. Chau N. was seen again on January 15, 1992. (From  
8 this date of claimed service through February 6, 1993,  
9 respondent's chart entries regarding medications prescribed are  
10 confirmed by a California Department of Health Services Claim  
11 Detail Report.) Respondent prescribed (5) medications:

- 12           1. Hydroxyzine
- 13           2. Ibuprofen
- 14           3. Ampicillin
- 15           4. Sudafed Plus
- 16           5. Maalox ES Tabs

17           j. Chau N. was seen again on February 26, 1992;  
18 respondent prescribed (4) medications:

- 19           1. Hydroxyzine Hcl
- 20           2. Promethazine
- 21           3. Amoxil
- 22           4. Naprosyn

23           k. Chau N. was seen again on March 25, 1992; respondent  
24 prescribed (4) medications:

- 25           1. Diphenoxylate/Atropine (Schedule V controlled  
26           substance)
- 27           2. Hydroxyzine Hcl

1 3. Creon Caps

2 4. Tylenol ES

3 1. Chau N. was seen again on April 29, 1992; respondent  
4 prescribed (5) medications:

5 1. Hydrozine Hcl

6 2. Creon Caps

7 3. Triamcinolone

8 4. Mapap

9 5. Hurd's Opcon

10 m. Chau N. was seen again on December 29, 1992; respondent  
11 prescribed (6) medications.

12 1. Hydroxyzine Hcl

13 2. Triamcinolone

14 3. Diphenoxylate/Atropine (Schedule V controlled  
15 substance)

16 4. Amoxil

17 5. Mapap

18 6. Creon

19 n. Chau N. was seen again on February 9, 1993; respondent  
20 prescribed (10) medications:

21 1. Hydroxyzine Hcl

22 2. Diphenoxylate/Atropine (Schedule V controlled  
23 substance)

24 3. Ferrous Sulfate

25 4. Amoxil

26 5. Promethazine/Codeine (Schedule V controlled  
27 substance)

- 1           6.    Mapap
- 2           7.    Pseudogest
- 3           8.    Muro's Opcon
- 4           9.    Acetaminophen/Codeine (Schedule III controlled
- 5                substance)
- 6           10.   Penicillin VK

7       o.   Chau N. was seen again on February 26, 1993; respondent  
8   prescribed (6) medications.

- 9           1.    Sulfamethoxazole/TMP
- 10          2.    Bromotuss/Codeine (Schedule V controlled
- 11                substance)
- 12          3.    Dypheoxylate/Atropine (Schedule V controlled
- 13                substance)
- 14          4.    Aspirin
- 15          5.    Pseudogest
- 16          6.    Hydrocortisone 1%

17  
18   2)   Patient Luoi T. was seen by respondent on the following dates  
19   and prescribed the indicated medications according to the records  
20   of the Medi-Cal program's payments to respondent for claimed  
21   services rendered to this patient and respondent's records.

22       a.   Luoi T. was seen for the second time on October 5,  
23   1991; according to respondent's chart entries, respondent  
24   prescribed (4) medications for this patient on this date.

25       b.   Luoi T. was seen again on November 25, 1991; according to  
26   his chart entries, respondent prescribed (6) medications to this  
27   patient on this date.

1 c. Luoi T. was seen again on December 9, 1991; according to  
2 respondent's chart entries, respondent prescribed (5) medications  
3 to this patient on this date.

4 d. Luoi T. was seen again on December 23, 1991; according  
5 to respondent's chart entries, respondent prescribed (5)  
6 medications to this patient on this date.

7 e. Luoi T. was seen again on January 8, 1992; respondent  
8 prescribed (4) medications:

- 9 1. Procardia
- 10 2. Sulfamethoxazole
- 11 3. Clinoril
- 12 4. Mapap

13 f. Luoi T. was seen again on January 15, 1992; respondent  
14 prescribed (4) medications:

- 15 1. Ampicillin
- 16 2. Muro's Opcon
- 17 3. Tolectin
- 18 4. Maalox

19 g. Luoi T. was seen again on January 29, 1992; respondent  
20 prescribed (4) medications:

- 21 1. Ampicillin
- 22 2. Relaxadon
- 23 3. Ansaid
- 24 4. Maalox

25 h. Luoi T. was seen again on February 12, 1992; respondent  
26 prescribed (5) medications:

- 27 1. Procardia

- 1                   2.    Sulfamethoxazole
- 2                   3.    Metronidazole
- 3                   4.    Quinine Sulfate
- 4                   5.    Mapap

5           i.   Luoi T. was seen again on March 11, 1992; respondent  
6 prescribed (6) medications:

- 7                   1.    Prinivil
- 8                   2.    Sulfamethoxazole
- 9                   3.    Dolobid
- 10                  4.    Mapap
- 11                  5.    Maalox
- 12                  6.    Quinine Sulfate.

13          j.   Luoi T. was seen again on March 25, 1992; respondent  
14 prescribed (4) medications:

- 15                  1.    Prinivil
- 16                  2.    Ampicillin
- 17                  3.    Creon
- 18                  4.    Ansaïd

19          k.   Luoi T. was seen again on April 8, 1992; respondent  
20 prescribed (5) medications:

- 21                  1.    Prinivil
- 22                  2.    Chlorthalidone
- 23                  3.    Tetracycline
- 24                  4.    Desquam
- 25                  5.    Hydrocortisone

26          l.   Luoi T. was seen again on June 11, 1992; respondent  
27 prescribed (4) medications:

- 1           1.    Pseudogest
- 2           2.    Calcium Gluconate
- 3           3.    Sulfamethoxazole
- 4           4.    Sulindac

5           m.    Luoi T. was seen again on July 1, 1992; respondent  
6 prescribed (5) medications:

- 7           1.    Sulfamethoxazole
- 8           2.    Pseudogest
- 9           3.    Tolectin
- 10          4.    Cardizem
- 11          5.    Creon

12          n.    Luoi T. was seen again on July 22, 1992; according to  
13 his chart entries, respondent prescribed (5) medications.

14          o.    Luoi T. was seen again on September 2, 1992; respondent  
15 prescribed (5) medications:

- 16          1.    Cardizem
- 17          2.    Amoxil
- 18          3.    Genaphed
- 19          4.    Genebs
- 20          5.    Creon

21          p.    Luoi T. was seen again on October 7, 1992; respondent  
22 prescribed (8) medications:

- 23          1.    Cardizem
- 24          2.    Mapap
- 25          3.    Vit. B-6
- 26          4.    Sulindac
- 27          5.    Maalox



- 1           6.    Sulfamethoxazole
- 2           7.    Blephamide Eye Drops
- 3           8.    Aspirin

4           q.    Luoi T. was seen again on November 4, 1992; respondent  
5 prescribed (6) medications:

- 6           1.    Cardizem
- 7           2.    Monopril
- 8           3.    Mapap
- 9           4.    Buspar
- 10          5.    Amoxil
- 11          6.    Tolectin

12          r.    Luoi T. was seen again on December 2, 1992; respondent  
13 prescribed (6) medications:

- 14          1.    Cardizem
- 15          2.    Monopril
- 16          3.    Sulfamethoxazole
- 17          4.    Metronidazole
- 18          5.    Sulindac
- 19          6.    Cytotec

20          s.    Luoi T. was seen again on December 30, 1992; respondent  
21 prescribed (7) medications:

- 22          1.    Cardizem
- 23          2.    Monopril
- 24          3.    Dimetane
- 25          4.    Amoxil
- 26          5.    Promethazine
- 27          6.    Mapap

1           7.    Creon

2           t.   Luoi T. was seen again on January 27, 1993; respondent  
3 prescribed (7) medications:

4           1.    Cardizem

5           2.    Monopril

6           3.    Chlorpheniramine

7           4.    Sulfamethoxazole

8           5.    Bromotuss/Codeine (Schedule V controlled  
9 substance)

10          6.    Genebs

11          7.    Pancrease

12          u.   Luoi T. was seen again on February 24, 1993; respondent  
13 prescribed (6) medications:

14          1.    Cardizem

15          2.    Promethazine

16          3.    Polaramine

17          4.    Amoxil

18          5.    Creon

19          6.    Mapap

20          v.   Luoi T. was seen again on April 21, 1993; respondent  
21 prescribed (7) medications:

22          1.    Cardizem

23          2.    Amoxil

24          3.    Polaramine

25          4.    Ambophen Syrup (Schedule V controlled substance)

26          5.    Genebs

27          6.    Sulindac

1           7.    Cytotec

2           w.   Luoi T. was seen again on May 19, 1993; respondent  
3 prescribed (6) medications:

4           1.    Cardizem

5           2.    Aspirin

6           3.    Ampicillin

7           4.    Tolmetin

8           5.    Maalox

9           6.    Genebs

10          x.   Luoi T. was seen again on July 21, 1993; respondent  
11 prescribed (7) medications:

12          1.    Cardizem

13          2.    Aspirin

14          3.    Ibuprofen

15          4.    Cytotec

16          5.    Genebs

17          6.    Buspar

18          7.    Wymox

19          y.   Luoi T. was seen again on September 1, 1993; respondent  
20 prescribed (7) medications:

21          1.    Cardizem

22          2.    Lozol

23          3.    Sulindac

24          4.    Cytotec

25          5.    Sulfamethoxazole

26          6.    Genebs

27          7.    Aspirin

1       z. Luoi T. was seen again on September 29, 1993; respondent  
2 prescribed (7) medications:

- 3           1. Cardizem
- 4           2. Lozol
- 5           3. Buspar
- 6           4. Naprosyn
- 7           5. Cytotec
- 8           6. Genebs
- 9           7. Maalox

10       aa. Luoi T. was seen again on October 27, 1993; respondent  
11 prescribed (6) medications:

- 12           1. Cardizem
- 13           2. Lozol
- 14           3. Meclizine
- 15           4. Tylenol
- 16           5. Amoxil
- 17           6. Polaramine

18       bb. Luoi T. was seen again on January 5, 1994; respondent  
19 prescribed (6) medications:

- 20           1. Cardizem
- 21           2. Lozol
- 22           3. Cephalexin
- 23           4. Bromotuss/Codeine (Schedule V controlled  
24           substance)
- 25           5. Sulindac
- 26           6. Cytotec

27

1 cc. Luoi T. was seen again on February 2, 1994; respondent  
2 prescribed (5) medications:

- 3 1. Cardizem
- 4 2. Lozol
- 5 3. Sulfamethoxazole
- 6 4. Metronidazole
- 7 5. Genebs

8 dd. Luoi T. was seen again on March 2, 1994; respondent  
9 prescribed (6) medications:

- 10 1. Cardizem
- 11 2. Lozol
- 12 3. Genebs
- 13 4. Genacote
- 14 5. Amoxil
- 15 6. Creon

16 ee. Luoi T. was seen again on April 6, 1994; respondent  
17 prescribed (5) medications:

- 18 1. Cardizem
- 19 2. Lozol
- 20 3. Genebs
- 21 4. Naproxen
- 22 5. Cytotec

23 ff. Luoi T. was seen again on May 4, 1994; respondent  
24 prescribed (4) medications:

- 25 1. Cardizem
- 26 2. Lozol
- 27 3. Aspirin

1 4. Mapap

2 gg. Luoi T. was seen again on June 1, 1994; respondent  
3 prescribed (5) medications:

4 1. Cardizem

5 2. Lozol

6 3. Maalox

7 4. Genebs

8 5. Amoxicillin

9 hh. Luoi T. was seen again on June 29, 1994; respondent  
10 prescribed (5) medications:

11 1. Monopril

12 2. Cardizem

13 3. Lozol

14 4. Ibuprofen

15 5. Genebs

16 ii. Luoi T. was seen again on August 3, 1994; respondent  
17 prescribed (5) medications:

18 1. Cardizem

19 2. Lozol

20 3. Naproxen

21 4. Tylenol

22 5. Aspirin

23 jj. Luoi T. was seen again on September 7, 1994; respondent  
24 prescribed (4) medications:

25 1. Cardizem

26 2. Tolmetin

27 3. Meclizine

1                   4.    Ferrous Sulfate

2           kk.   Luoi T. was seen again on October 5, 1994; respondent  
3 prescribed (5) medications:

4                   1.    Vasocidin

5                   2.    Cardizem

6                   3.    Diflunisal

7                   4.    Tylenol

8                   5.    Amitriptyline

9           ll.   Luoi T. was seen again on November 30, 1994; respondent  
10 prescribed (6) medications:

11                   1.    Blephamide

12                   2.    Cardizem

13                   3.    Diflunisal

14                   4.    Tylenol

15                   5.    Nortriptyline

16                   6.    Pancrease

17           mm.   Luoi T. was seen again on December 28, 1994; respondent  
18 prescribed (5) medications:

19                   1.    Cardizem

20                   2.    Diflunisal

21                   3.    Nortriptyline

22                   4.    Pancrease

23                   5.    Buspar

24           nn.   Luoi T. was seen again on March 1, 1995; respondent  
25 prescribed (6) medications:

26                   1.    Cardizem

27                   2.    Diflunisal

- 1 3. Nortriptyline
- 2 4. Buspar
- 3 5. Pancrease
- 4 6. Aspirin

5 oo. Luoi T. was seen again on April 5, 1995; respondent  
6 prescribed (5) medications:

- 7 1. Cardizem
- 8 2. Tolmetin
- 9 3. Nortriptyline
- 10 4. Tylenol
- 11 5. Pancrease

12 pp. Luoi T. was seen again on May 3, 1995; respondent  
13 prescribed (5) medications:

- 14 1. Diflunisal
- 15 2. Nortriptyline
- 16 3. Cardizem
- 17 4. Pancrease
- 18 5. Tylenol

19

20 3) Patient Xinh T. was seen by respondent on the following dates  
21 and prescribed the indicated medications according to the records  
22 of the Medi-Cal program's payments to respondent for claimed  
23 services rendered to this patient and respondent's records.

24 a. Xinh T. was seen a second time on March 25, 1992;  
25 respondent prescribed (5) medications:

- 26 1. Sulfamethoxazole
- 27 2. Muro's Opcon



- 1           3.    Klonopin (Schedule IV controlled substance)
- 2           4.    Tolectin
- 3           5.    Maalox Plus

4           b.   Xinh T. was seen again on May 13, 1992; respondent  
5 prescribed (6) medications:

- 6           1.    Sulfamethoxazole
- 7           2.    Metronidazole
- 8           3.    Amphajel
- 9           4.    Aqq-Relaxadon
- 10          5.    Mapap
- 11          6.    Diphenoxylate/Atropine (Schedule V controlled  
12 substance)

13          c.   Xinh T. was seen again on May 27, 1992; respondent  
14 prescribed (6) medications:

- 15          1.    Tetracycline
- 16          2.    Metronidazole
- 17          3.    Maalox
- 18          4.    Creon
- 19          5.    Mapap
- 20          6.    Klonopin (Schedule IV controlled substance)

21          d.   Xinh T. was seen again on June 10, 1992; respondent  
22 prescribed (6) medications:

- 23          1.    Amoxil
- 24          2.    Pseudogest
- 25          3.    Maalox
- 26          4.    Pancrease
- 27          5.    Klonopin (Schedule IV controlled substance)

1                   6.    Jolectin

2           e.  Xinh T. was seen again on June 24, 1992; respondent  
3 prescribed (6) medications:

- 4                   1.    Sulfamethoxazole
- 5                   2.    Amphojel
- 6                   3.    Klonopin (Schedule IV controlled substance)
- 7                   4.    Creon
- 8                   5.    Meclizine
- 9                   6.    Ansaid

10           f.  Xinh T. was seen again on July 29, 1992; respondent  
11 prescribed (5) medications:

- 12                   1.    Meclizine
- 13                   2.    Bup-Ansaid
- 14                   3.    Maalox
- 15                   4.    Amoxil
- 16                   5.    Klonopin (Schedule IV controlled substance)

17           g.  Xinh T. was seen again on August 28, 1992; respondent  
18 prescribed (6) medications:

- 19                   1.    Sulindac
- 20                   2.    Amphojel
- 21                   3.    Klonopin (Schedule IV controlled substance)
- 22                   4.    Meclizine
- 23                   5.    Totacillin
- 24                   6.    Creon

25           h.  Xinh T. was seen again on September 23, 1992; respondent  
26 prescribed (6) medications:

- 27                   1.    Amoxil

1                   2.    Bup-Ansaid

2                   3.    Maalox

3                   4.    Relaxadon

4                   5.    Klonopin (Schedule IV controlled substance)

5                   6.    Pancrease

6           i.   Xinh T. was seen again on October 7, 1992; respondent  
7 prescribed (7) medications:

8                   1.    Ampicillon

9                   2.    Metroclopramide

10                  3.    Relaxadon

11                  4.    Riopan

12                  5.    Creon

13                  6.    Flurazepam

14                  7.    Genaphed

15           j.   Xinh T. was seen again on November 4, 1992; respondent  
16 prescribed (7) medications:

17                  1.    Amoxil

18                  2.    Metroclopramide

19                  3.    Buspar

20                  4.    Genebs

21                  5.    Maalox

22                  6.    Klonopin (Schedule IV controlled substance)

23                  7.    Pancrease

24           k.   Xinh T. was seen again on December 2, 1992; respondent  
25 prescribed (7) medications:

26                  1.    Buspar

27                  2.    Metroclopramide

- 1 3. Maalox
- 2 4. Hydroxyzine
- 3 5. Propantheline
- 4 6. Amoxil
- 5 7. Amitriptyline

6 1. Xinh T. was seen again on December 30, 1992; respondent  
7 prescribed (7) medications:

- 8 1. Diphenoxylate
- 9 2. Amoxil
- 10 3. Metoclopramide
- 11 4. Maalox
- 12 5. Amitriptyline
- 13 6. Promethazine/codeine (Schedule V controlled  
14 substance)
- 15 7. Mapap

16 m. Xinh T. was seen again on February 24, 1993; respondent  
17 prescribed (7) medications:

- 18 1. Trilisate
- 19 2. Cytotec
- 20 3. Amoxil
- 21 4. Hydroxyzine
- 22 5. Bacitracin
- 23 6. Amphojel
- 24 7. Meclizine

25 n. Xinh T. was seen again on March 24, 1993; respondent  
26 prescribed (6) medications:

- 27 1. Trilisate

- 1                    2.    Cytotec
- 2                    3.    Sulfamethoxazole
- 3                    4.    Creon
- 4                    5.    Mapap
- 5                    6.    Maalox

6            o.    Xinh T. was seen again on April 21, 1993; respondent  
7 prescribed (6) medications:

- 8                    1.    Sulindac
- 9                    2.    Cytotec
- 10                   3.    Maalox
- 11                   4.    Amoxil
- 12                   5.    Creon
- 13                   6.    Amitriptyline

14           p.    Xinh T. was seen again on May 19, 1993; respondent  
15 prescribed (6) medications:

- 16                   1.    Naprosyn
- 17                   2.    Maalox
- 18                   3.    Sulfamethoxazole
- 19                   4.    Ambophen (Schedule V controlled substance)
- 20                   5.    Sudafed
- 21                   6.    Amitriptyline

22           q.    Xinh T. was seen again on June 16, 1993; respondent  
23 prescribed (7) medications:

- 24                   1.    Ansaïd
- 25                   2.    Cytotec
- 26                   3.    Maalox
- 27                   4.    Amitriptyline

- 1 5. Wymox
- 2 6. Genebs
- 3 7. Buspar

4 r. Xinh T. was seen again on July 14, 1993; respondent  
5 prescribed (6) medications:

- 6 1. Meclizine
- 7 2. Tolmetin
- 8 3. Cytotec
- 9 4. Claritin
- 10 5. Amitriptyline
- 11 6. Wymox

12 s. Xinh T. was seen again on September 7, 1993; respondent  
13 prescribed (6) medications:

- 14 1. Acetaminaphen/Codeine (Schedule III controlled  
15 substance)
- 16 2. Sulindac
- 17 3. Cytotec
- 18 4. Amoxil
- 19 5. Genebs
- 20 6. Amitriptyline

21 t. Xinh T. was seen again on September 15, 1993; respondent  
22 prescribed (1) medication:

- 23 1. Tolmetin

24 u. Xinh T. was seen again on October 16, 1993; respondent  
25 prescribed (7) medications:

- 26 1. Sulindac
- 27 2. Cytotec

- 1                    3.    Buspar
- 2                    4.    Amitriptyline
- 3                    5.    Creon
- 4                    6.    Amoxil
- 5                    7.    Pseudogest

6            v.    Xinh T. was seen again on November 12, 1993; respondent  
7 prescribed (6) medications:

- 8                    1.    Ibuprofen
- 9                    2.    Cytotec
- 10                   3.    Elocon
- 11                   4.    Sulfamethoxazole
- 12                   5.    Pseudogest
- 13                   6.    Genebs

14           w.    Xinh T. was seen again on January 21, 1994; respondent  
15 prescribed (5) medications:

- 16                   1.    Tolmetin
- 17                   2.    Cytotec
- 18                   3.    Tylenol
- 19                   4.    Hydrocortisone
- 20                   5.    Creon

21            x.    Xinh T. was seen again on February 21, 1994; respondent  
22 prescribed (6) medications:

- 23                   1.    Diflunisal
- 24                   2.    Cytotec
- 25                   3.    Mapap
- 26                   4.    Gelusil
- 27                   5.    Donnapine

1                   6.    Amoxil

2           y.   Xinh T. was seen again on May 9, 1994; respondent  
3 prescribed (5) medications:

4                   1.    Naproxen

5                   2.    Cytotec

6                   3.    Mapap

7                   4.    Maalox

8                   5.    Amitriptyline

9           z.   Xinh T. was seen again on June 21, 1994; respondent  
10 prescribed (6) medications:

11                   1.    Amoxicillin

12                   2.    Dimetapp

13                   3.    Tolmetin

14                   4.    Geneb

15                   5.    Amitriptyline

16                   6.    Meclizine

17           aa.   Xinh T. was seen again on July 25, 1994; respondent  
18 prescribed (4) medications:

19                   1.    Deflunisal

20                   2.    Tylenol

21                   3.    Amitriptyline

22                   4.    Meclizine

23           bb.   Xinh T. was seen again on September 14, 1994;  
24 respondent prescribed (4) medications:

25                   1.    Erythrocin

26                   2.    Naproxen

27                   3.    Tylenol



1                   4.    Genaphed

2           cc.   Xinh T. was seen again on September 26, 1994;

3   respondent prescribed (5) medications:

4                   1.    Tolmetin

5                   2.    Pancrease

6                   3.    Tylenol

7                   4.    Amitriptyline

8                   5.    Gelusil

9           dd.   Xinh T. was seen again on November 5, 1994; respondent  
10   prescribed (6) medications:

11                   1.    Tolmetin

12                   2.    Pancrease

13                   3.    Tylenol

14                   4.    Maalox

15                   5.    Promethazine/codeine (Schedule V controlled  
16                   substance)

17                   6.    Cephalexin

18           ee.   Xinh T. was seen again on December 1, 1994; respondent  
19   prescribed (6) medications:

20                   1.    Tylenol

21                   2.    Bromothuss w/Codeine (Schedule V controlled  
22                   substance)

23                   3.    Diflunisal

24                   4.    Pancrease

25                   5.    Cephalexin

26                   6.    Buspar

27

1 ff. Xinh T. was seen again on December 26, 1994; respondent  
2 prescribed (1) medication:

3 1. Sulfamethoxazole

4 gg. Xinh T. was seen again on December 27, 1994; respondent  
5 prescribed (2) medications:

6 1. Nortriptyline

7 2. Meclizine

8 hh. Xinh T. was seen again on January 2, 1995; respondent  
9 prescribed (2) medications:

10 1. Diflunisal

11 2. Buspar

12 ii. Xinh T. was seen again on January 21, 1995; respondent  
13 prescribed (5) medications:

14 1. Diphenoxylate/Atropine (Schedule V controlled  
15 substance)

16 2. Flurbiprofen

17 3. Tylenol

18 4. Nortriptyline

19 5. Pravachol

20 jj. Xinh T. was seen again on January 24, 1995; respondent  
21 prescribed (6) medications:

22 1. Tolmetin

23 2. Nortriptyline

24 3. Buspar

25 4. Meclizine

26 5. Tylenol

27 6. Amphojel

1 kk. Xinh T. was seen again on February 22, 1995; respondent  
2 prescribed (5) medications:

- 3 1. Tolmetin
- 4 2. Nortriptyline
- 5 3. Pancrease
- 6 4. Suphedrin
- 7 5. Tylenol

8 ll. Xinh T. was seen again on March 22, 1995; respondent  
9 prescribed (5) medications:

- 10 1. Diflunisal
- 11 2. Nortriptyline
- 12 3. Cephalexin
- 13 4. Promethazine/codeine (Schedule V controlled  
14 substance)
- 15 5. Tylenol

16 mm. Xinh T. was seen again on June 7, 1995; respondent  
17 prescribed (5) medications:

- 18 1. Amoxicillin
- 19 2. Suphedrin
- 20 3. Tolmetin
- 21 4. Nortriptyline
- 22 5. Hydroxyzine

23 nn. Xinh T. was seen again on August 1, 1995; respondent  
24 prescribed (5) medications:

- 25 1. Diflunisal
- 26 2. Triamcinolone
- 27 3. Nortriptyline

- 1 4. Antacid
- 2 5. Pancrease

3 oo. Xinh T. was seen again on September 13, 1995;  
4 respondent prescribed (5) medications:

- 5 1. Diflunisal
- 6 2. Nortriptyline
- 7 3. Pancrease
- 8 4. Gelusil
- 9 5. Sulfamethoxazole

10

11 4) Patient Nu N. was seen by respondent on the following dates  
12 and prescribed the indicated medications according to the records  
13 of the Medi-Cal program's payments to respondent for claimed  
14 services rendered to this patient and respondent's records.

15 a. Nu N. was seen a second time on September 2, 1991;  
16 according to the entries in the patient chart respondent  
17 prescribed (5) medications.

18 b. Nu N. was seen again on September 12, 1991; according to  
19 the entries in the patient chart respondent prescribed (4)  
20 medications.

21 c. Nu N. was seen again on September 23, 1991; according to  
22 the patient chart entries respondent prescribed (4) medications.

23 d. Nu N. was seen again on October 7, 1991; according to  
24 the entries in the patient chart respondent prescribed (4)  
25 medications.

26

27

1 e. Nu N. was seen again on October 12, 1991; according to  
2 the entries in the patient chart respondent prescribed (4)  
3 medications.

4 f. Nu N. was seen again on October 21, 1991; according to  
5 the entries in the patient chart respondent prescribed (5)  
6 medications.

7 g. Nu N. was seen again on November 2, 1991; according to  
8 the entries in the patient chart respondent prescribed (4)  
9 medications.

10 h. Nu N. was seen again on November 11, 1991; according to  
11 the entries in the patient chart respondent prescribed (5)  
12 medications.

13 i. Nu N. was seen again on November 23, 1991; according to  
14 the entries in the patient chart respondent prescribed (5)  
15 medications.

16 j. Nu N. was seen again on December 7, 1991; according to  
17 the entries in the patient chart respondent prescribed (5)  
18 medications.

19 k. Nu N. was seen again on December 17, 1991; according to  
20 the entries in the patient chart respondent prescribed (5)  
21 medications.

22 l. Nu N. was seen again on January 4, 1992; respondent  
23 prescribed (4) medications:

- 24 1. Amoxil
- 25 2. Hydroxyzine
- 26 3. Celcium Gluconate
- 27 4. Mapap

1 m. Nu N. was seen again on January 11, 1992; respondent  
2 prescribed (5) medications:

- 3 1. Ampicillin
- 4 2. Hydroxyzine
- 5 3. Relaxadon
- 6 4. Genaphed
- 7 5. Maalox

8 n. Nu N. was seen again on January 21, 1992; respondent  
9 prescribed (5) medications:

- 10 1. Relaxadon
- 11 2. Sulfamethoxazole
- 12 3. Hydroxyzine
- 13 4. Maalox
- 14 5. Clinoril

15 o. Nu N. was seen again on February 7, 1992; respondent  
16 prescribed (1) medication:

- 17 1. Hydroxyzine

18 p. Nu N. was seen again on February 22, 1992; respondent  
19 prescribed (4) medications:

- 20 1. Ampicillin
- 21 2. Hydroxyzine
- 22 3. Mapap
- 23 4. Viokase

24 q. Nu N. was seen again on March 7, 1992; respondent  
25 prescribed (4) medications:

- 26 1. Ampicillin
- 27 2. Ku-zyne

1                   3.    Hydroxyzine

2                   4.    Genaphed

3           r.   Nu N. was seen again on March 21, 1992; respondent  
4 prescribed (4) medications:

5                   1.    Hydroxyzine

6                   2.    Amoxil

7                   3.    Creon

8                   4.    Bup-Ansaid

9           s.   Nu N. was seen again on April 4, 1992; respondent  
10 prescribed (5) medications:

11                   1.    Progestone    10 mg.

12                   2.    Hydrocortisone  1% cream

13                   3.    Sulfamethoxazole

14                   4.    Creon

15                   5.    Hydroxyzine  10 mg.

16           t.   Nu N. was seen again on April 18, 1992; respondent  
17 prescribed (4) medications:

18                   1.    Hydroxyzine  10mg.

19                   2.    Hydrocortisone  1% cream

20                   3.    Pancrease

21                   4.    Mapap   500 mg.

22           u.   Nu N. was seen again on May 2, 1992; respondent  
23 prescribed (2) medications:

24                   1.    Hydroxyzine  10 mg.

25                   2.    Hydrocortisone  1% cream

26           v.   Nu N. was seen again on May 16, 1992; respondent  
27 prescribed (5) medications:

1. Hydroxyzine 10 mg.
2. Tetracycline 500 mg.
3. Desquam 5%
4. Hydrocortisone 1% cream
5. Creon

w. Nu N. was seen again on May 30, 1992; respondent prescribed (5) medications:

1. Hydroxyzine 10 mg.
2. Pseudogest
3. Triamcinolone .1% cream
4. Pancrease
5. Mapap 500 mg.

x. Nu N. was seen again on June 13, 1992; respondent prescribed (2) medications:

1. Hydroxyzine 10 mg.
2. Hydrocortisone 1%

y. Nu N. was seen again on June 27, 1992; respondent prescribed (4) medications:

1. Diphenhydramine 50 mg.
2. Hydrocortisone 1%
3. Creon
4. Ampicillin 500 mg.

z. Nu N. was seen again on July 18, 1992; respondent prescribed (4) medications:

1. Hydroxyzine 25 mg.
2. Hydrocortisone 1%
3. Pancrease



1                   4.    Diphenhydramine   50 mg.

2           aa.   Nu N. was seen again on August 4, 1992; respondent  
3 prescribed (5) medications:

4                   1.    Hydroxyzine   25 mg.

5                   2.    Hydrocortisone   1%

6                   3.    Creon

7                   4.    Diphenhydramine   50 mg.

8                   5.    Folic Acid   1mg.

9           bb.   Nu N. was seen again on August 18, 1992; respondent  
10 prescribed (5) medications:

11                   1.    Sulfamethoxazole

12                   2.    Hydrocortisone   1%

13                   3.    Hydroxyzine   25 mg.

14                   4.    Diphenhydramine   50 mg.

15                   5.    Progesterone   10 mg.

16           cc.   Nu N. was seen again on September 29, 1992; respondent  
17 prescribed (3) medications:

18                   1.    Hydroxyzine   25 mg.

19                   2.    Prednisone   5 mg.

20                   3.    Triamcinolone   .1%

21           dd.   Nu N. was seen again on October 13, 1992; respondent  
22 prescribed (5) medications:

23                   1.    Hydroxyzine   25 mg.

24                   2.    Promethazine\codeine   (Schedule V controlled  
25                   , substance)

26                   3.    Amoxil   500 mg.

27                   4.    Hydrocortisone   1%

1           5.    Creon

2           ee.  Nu N. was seen again on October 27, 1992; respondent  
3 prescribed (4) medications:

4           1.    Hydroxyzine  25 mg.

5           2.    Diphenhydramine  50 mg.

6           3.    Creon

7           4.    Vitamin B-6    100 mg.

8           ff.  Nu N. was seen again on November 10, 1992; respondent  
9 prescribed (3) medications:

10          1.    Hydroxyzine  25 mg.

11          2.    Medroxyprogesterone  10 mg.

12          3.    Diphenhydramine  50 mg.

13          gg.  Nu N. was seen again on November 24, 1992; respondent  
14 prescribed (5) medications:

15          1.    Hydroxyzine  25 mg.

16          2.    Diphenhydramine  50 mg.

17          3.    Triamcinolone  .1%

18          4.    Vitamin B-6  100 mg.

19          5.    Folic Acid  1 mg.

20          hh.  Nu N. was seen again on December 8, 1992; respondent  
21 prescribed (5) medications:

22          1.    Hydrocortisone  1%

23          2.    Hydroxyzine  25 mg.

24          3.    Diphenhydramine  50 mg.

25          4.    Calcium Gluconate  500 mg.

26          ii.  Nu N. was seen again on January 19, 1993; respondent  
27 prescribed (6) medications:

1. Trimox 250 mg.
2. Triamcinolone .1%
3. Sulfacetamide 10%
4. Bromphen-DC (Schedule V controlled substance)
5. Diphenhydramine 50 mg.
6. Hydroxyzine 25 mg.

jj. Nu N. was seen again on June 8, 1993; respondent prescribed (6) medications:

1. Hydroxyzine 25 mg.
2. Triamcinolone .1%
3. Wymox 500 mg.
4. Sulindac 200 mg.
5. Cytotec 200 mcg.
6. Mapap 500 mg.

kk. Nu N. was seen again on July 5, 1993; respondent prescribed (5) medications:

1. Hydroxyzine 25 mg.
2. Triamcinolone .1%
3. Claritin 10 mg.
4. Wymox 500 mg.
5. Tylenol 500 mg.

ll. Nu N. was seen again on August 2, 1993; respondent prescribed (4) medications:

1. Hydroxyzine 25 mg.
2. Triamcinolone .1%
3. Creon
4. Tylenol

1 mm. Nu N. was seen again on September 7, 1993; respondent  
2 prescribed (5) medications:

- 3 1. Amphojel 600 mg.
- 4 2. Hydroxyzine 25 mg.
- 5 3. Triamcinolone .1%
- 6 4. Amoxil 500 mg.
- 7 5. Dicyclomine 10 mg.

8 nn. Nu N. was seen again on October 5, 1993; respondent  
9 prescribed (5) medications:

- 10 1. Medroxyprogesterone 10 mg.
- 11 2. Hydroxyzine 10 mg.
- 12 3. Hydrocortisone 1%
- 13 4. Creon
- 14 5. Genebs 500 mg.

15 oo. Nu N. was seen again on November 2, 1993; respondent  
16 prescribed (4) medications:

- 17 1. Pseudogest
- 18 2. Hydroxyzine 10 mg.
- 19 3. Pancrease
- 20 4. Triamcinolone .1%

21 pp. Nu N. was seen again on December 7, 1993; respondent  
22 prescribed (6) medications:

- 23 1. Pseudogest
- 24 2. Hydroxyzine 10 mg.
- 25 3. Promethazine\codeine (Schedule V controlled  
26 substance)
- 27 4. Amoxil 500 mg.

1                   5.    Genebs   500 mg.

2                   6.    Triamcinolone   .1%

3           qq.   Nu N. was seen again on January 11, 1994; respondent  
4 prescribed (5) medications:

5                   1.    Hydroxyzine   10 mg.

6                   2.    Totacillin   500 mg.

7                   3.    Dihistine DH   (Schedule V controlled substance)

8                   4.    Genebs   500 mg.

9                   5.    Pseudogest

10           rr.   Nu N. was seen again on February 14, 1994; respondent  
11 prescribed (5) medications:

12                   1.    Hydroxyzine   10 mg.

13                   2.    Pseudogest

14                   3.    Amoxil   500 mg.

15                   4.    Mapap   500 mg.

16                   5.    Bromotuss\Codeine (Schedule V controlled  
17 substance)

18           ss.   Nu N. was seen again on June 14, 1994; respondent  
19 prescribed (5) medications:

20                   1.    Cytotec   200 mcg.

21                   2.    Hydroxyzine   10 mg.

22                   3.    Cephalexin   500 mg.

23                   4.    Rexatal   16.2 mg.

24                   5.    Promethazine\codeine (Schedule V controlled  
25 substance)

26           tt.   Nu N. was seen again on August 22, 1994; respondent  
27 prescribed (4) medications:

1. Gelusil
2. Dicyclomine 10 mg.
3. Hydroxyzine 10 mg.
4. Promethazine\codeine (Schedule V controlled substance)

uu. Nu N. was seen again on November 21, 1994; respondent prescribed (4) medications:

1. Maalox
2. Donnatal
3. Hydroxyzine 10 mg.
4. Pancrease

vv. Nu N. was seen again on January 16, 1995; respondent prescribed (6) medications:

1. Hydroxyzine
2. Pancrease
3. Tylenol
4. Genaphed
5. Gaviscon
6. Diflunisal

ww. Nu N. was seen again on May 8, 1995; respondent prescribed (5) medications:

1. Hydroxyzine
2. Pancrease
3. Antacid Plus
4. Cephalexin
5. Brompheniramine DC (Schedule V controlled substance)

1       xx. Nu N. was seen again on July 25, 1995; respondent  
2 prescribed (6) medications:

- 3           1. Dimetapp
- 4           2. Trimox
- 5           3. Hydroxyzine
- 6           4. Dihistine DH (Schedule V controlled substance)
- 7           5. Triamcinolone
- 8           6. Tylenol

9  
10   5) Patient Ton N. was seen by respondent on the following dates  
11 and prescribed the indicated medications according to the records  
12 of the Medi-Cal program's payments to respondent for claimed  
13 services rendered to this patient and respondent's records.

14           a. Ton N. was seen a second time on March 25,  
15 1992; respondent prescribed (6) medications:

- 16           1. Meclizine
- 17           2. Sulfamethoxazole
- 18           3. Vermox
- 19           4. Metronidazole
- 20           5. Klonopin (Schedule IV controlled substance)
- 21           6. Ansaïd

22           b. Ton N. was seen again on April 6, 1992; respondent  
23 prescribed (5) medications:

- 24           1. Tetracycline
- 25           2. Dolobid
- 26           3. Klonopin (Schedule IV controlled substance)
- 27           4. Quinine Sulfate

1                   5.    Mapap

2           c.   Ton N. was seen again on April 17, 1992; respondent  
3 prescribed (4) medications:

- 4                   1.    Amoxil  
5                   2.    Creon  
6                   3.    Tolectin  
7                   4.    Maalox

8           d.   Ton N. was seen again on June 9, 1992; respondent  
9 prescribed (5) medications:

- 10                   1.   Blephamide  
11                   2.   Amoxil  
12                   3.   Maalox  
13                   4.   Creon  
14                   5.   Sulindac

15           e.   Ton N. was seen again on November 23, 1992; respondent  
16 prescribed (6) medications:

- 17                   1.   Sulindac  
18                   2.   Cytotec  
19                   3.   Maalox  
20                   4.   Sulfamethoxazole  
21                   5.   Mapap  
22                   6.   Blephamide

23           f.   Ton N. was seen again on December 21, 1992; respondent  
24 prescribed (5) medications:

- 25                   1.   Amoxil  
26                   2.   Triamcinolone  
27                   3.   Maalox



1 4. Creon

2 5. Genebs

3 g. Ton N. was seen again on January 18, 1993; respondent  
4 prescribed (6) medications:

5 1. Lotrimin

6 2. Hydrocortisone 1%

7 3. Sulfamethoxazole

8 4. Maalox

9 5. Genebs

10 6. Promethazine/codeine (Schedule V controlled  
11 substance)

12 h. Ton N. was seen again on February 15, 1993; respondent  
13 prescribed (6) medications:

14 1. Sulfamethoxazole

15 2. Promethazine/codeine (Schedule V controlled  
16 substance)

17 3. Pseudogest

18 4. Mapap

19 5. Maalox

20 6. Creon

21 i. Ton N. was seen again on April 30, 1993; respondent  
22 prescribed (6) medications:

23 1. Blephamide

24 2. Wymox

25 3. Dihistine DH (Schedule V controlled substance)

26 4. Genebs

27 5. Pseudogest

1           6.    Creon

2           j.   Ton N. was seen again on May 31, 1993; respondent  
3 prescribed (6) medications:

4           1.    Sulfamethoxazole

5           2.    Bromodiphenhyd/Codeine (Schedule V controlled  
6 substance)

7           3.    Orudis

8           4.    Cytotec

9           5.    Tylenol

10          6.    Amitriptyline HCL

11          k.   Ton N. was seen again on June 25, 1993; respondent  
12 prescribed (7) medications:

13          1.    Ak-Con Drops

14          2.    Brompheniramine DC (Schedule V controlled  
15 substance)

16          3.    Ampicillin

17          4.    Claritin

18          5.    Genebs

19          6.    Pancrease

20          7.    Amitriptyline

21          l.   Ton N. was seen again on July 23, 1993; respondent  
22 prescribed (6) medications:

23          1.    Cytotec

24          2.    Blephamide

25          3.    Wymox

26          4.    Creon

27          5.    Metronidazole

1                   6.    Tolmetin

2           m.   Ton N. was seen again on October 1, 1993; respondent  
3 prescribed (6) medications:

4                   1.    Ibuprofen

5                   2.    Cytotec

6                   3.    Blephamide

7                   4.    Genebs

8                   5.    Amoxil

9                   6.    Bromotuss/Codeine (Schedule V controlled  
10 substance)

11           n.   Ton N. was seen again on December 23, 1993; respondent  
12 prescribed (5) medications:

13                   1.    Diflunisal

14                   2.    Cytotec

15                   3.    Cephalexin

16                   4.    Bromotuss/Codeine (Schedule V controlled  
17 substance)

18                   5.    Metronidazole

19           o.   Ton N. was seen again on February 21, 1994; respondent  
20 prescribed (5) medications:

21                   1.    Sulfamethoxazole

22                   2.    Promethazine

23                   3.    Pseudogest

24                   4.    Mapap

25                   5.    Pancrease

26           p.   Ton N. was seen again on March 21, 1994; respondent  
27 prescribed (5) medications:

1. Amoxil
2. Genebs
3. Ketoprofen
4. Cytotec
5. Vasocidin

q. Ton N. was seen again on April 18, 1994; respondent prescribed (5) medications:

1. Triamcinolone
2. Gelusil
3. Donnatal
4. Genebs
5. Buspar

r. Ton N. was seen again on May 16, 1994; respondent prescribed (5) medications:

1. Mapap
2. Totacillin
3. Bromotuss/codeine (Schedule V controlled substance)
4. Dimetapp
5. Pancrease

s. Ton N. was seen again on June 13, 1994; respondent prescribed (6) medications:

1. Amoxicillin
2. Pancrease
3. Metronidazole
4. Dihistine DH

1                   5.    Diphenoxylate/Atropine (Schedule V controlled  
2                            substance)

3                   6.    Rexatal

4           t.   Ton N. was seen again on July 22, 1994; respondent  
5 prescribed (3) medications:

6                   1.    Diphenoxylate/Atropine (Schedule V controlled  
7                            substance)

8                   2.    Tolmetin

9                   3.    Tylenol

10           u.   Ton N. was seen again on August 26, 1994; respondent  
11 prescribed (4) medications:

12                   1.    Diflunisal

13                   2.    Vasocidin

14                   3.    Tylenol

15                   4.    Genephed

16           v.   Ton N. was seen again on September 23, 1994; respondent  
17 prescribed (5) medications:

18                   1.    Diflunisal

19                   2.    Cephalexin

20                   3.    Promethazine/Codeine (Schedule V controlled  
21                            substance)

22                   4.    Tylenol

23                   5.    Pancrease

24           w.   Ton N. was seen again on November 18, 1994; respondent  
25 prescribed (5) medications:

26                   1.    Blephamide

27

- 1                   2.    Brompheniramine DC (Schedule V controlled
- 2                            substance)
- 3                   3.    Sulfamethoxazole
- 4                   4.    Diflunisal
- 5                   5.    Tylenol

6           x.   Ton N. was seen again on January 20, 1995; respondent  
7 prescribed (6) medications:

- 8                   1.    Sulfamethoxazole
- 9                   2.    Flurbiprofen
- 10                  3.    Tylenol
- 11                  4.    Nortriptyline
- 12                  5.    Pancrease
- 13                  6.    Bromotuss/Codeine (a Schedule V controlled
- 14                            substance)

15           y.   Ton N. was seen again on February 17, 1995; respondent  
16 prescribed (5) medications:

- 17                  1.    Nortriptyline
- 18                  2.    Pancrease
- 19                  3.    Tylenol
- 20                  4.    Gauiscon-2
- 21                  5.    Sulfamethoxazole

22           z.   Ton N. was seen again on March 24, 1995; respondent  
23 prescribed (5) medications:

- 24                  1.    Nortriptyline
- 25                  2.    Tylenol
- 26                  3.    Flurbiprofen
- 27                  4.    Antacid Plus

1                   5.     Pancrease

2           aa.   Ton N. was seen again on April 21, 1995; respondent  
3 prescribed (5) medications:

- 4                   1.     Nortriptyline
- 5                   2.     Tylenol
- 6                   3.     Diflunisal
- 7                   4.     Sulfamethoxazole
- 8                   5.     Pancrease

9           bb.   Ton N. was seen again on May 26, 1995; respondent  
10 prescribed (5) medications:

- 11                   1.     Nortriptyline
- 12                   2.     Pancrease
- 13                   3.     Diflunisal
- 14                   4.     Tylenol
- 15                   5.     Gelusil

16           cc.   Ton N. was seen again on June 23, 1995; respondent  
17 prescribed (5) medications:

- 18                   1.     Nortriptyline
- 19                   2.     Diflunisal
- 20                   3.     Amphojel
- 21                   4.     Metronidazole
- 22                   5.     Tylenol

23           dd.   Ton N. was seen again on July 21, 1995; respondent  
24 prescribed (5) medications:

- 25                   1.     Nortriptyline
- 26                   2.     Antacid
- 27                   3.     Cephalexin

1 4. Metronidazole

2 5. Pancrease

3 ee. Ton N. was seen again on August 25, 1995; respondent  
4 prescribed (5) medications:

5 1. Amphojel

6 2. Diphenoxylate/Atropine (a Schedule V controlled  
7 substance)

8 3. Dicyclomine

9 4. Nortriptyline

10 5. Pancrease

11 ff. Ton N. was seen again on September 22, 1995; respondent  
12 prescribed (5) medications:

13 1. Trimox

14 2. Diphenoxylate/Atropine (a Schedule V controlled  
15 substance)

16 3. Bismuth

17 4. Metronidazole

18 5. Nortriptyline

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